

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010964

Entity Name: IVY BUILDERS, LLC

FILED
Jul 03, 2006
Secretary of State

Current Principal Place of Business:

10598 N.W. SOUTH RIVER DR.
ATT: BILL MIRANDA
MEDLEY, FL 33178 US

New Principal Place of Business:

Current Mailing Address:

10598 N.W. SOUTH RIVER DR.
ATT: BILL MIRANDA
MEDLEY, FL 33178 US

New Mailing Address:

FEI Number: 45-0477166 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DAMIAN, VINCENT E JR.
80 S.W. EIGHTH ST.
SUITE 2550
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAM, MIRANDA
Address: 10598 N.W. SOUTH RIVER DR.
City-St-Zip: MEDLEY, FL 33178 US

Title: MGR () Delete
Name: BERMAN, IRVIN
Address: 500 MIZNER BLVD #505
City-St-Zip: BOCA RATON, FL 33432 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BERMAN, IRVIN
Address: 16379 BRAEBURN RIDGE TRAIL
City-St-Zip: DELRAY BEACH, FL 334446 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WILLIAM J. MIRANDA

MGR

07/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date