

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014533

FILED  
May 19, 2004  
Secretary of State

Entity Name: IPA GROUP, L.L.C.

**Current Principal Place of Business:**

100 TINDALE CIR.  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

100 TINDALE CIR.  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number: 04-3683107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HANKS, CYNTHIA A  
894 ERROL PKWY.  
APOPKA, FL 32712 US

**Name and Address of New Registered Agent:**

HANKS, DOUGLAS J  
100 TINDALE CIRCLE  
LONGWOOD, FL 32779 US

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: DOUGLAS J. HANKS

05/19/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HANKS, DOUGLAS J  
Address: 100 TINDALE CIR.  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete  
Name: HANKS, CYNTHIA  
Address: 894 ERROL PKWY.  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CYNTHIA HANKS

MGRM

05/19/2004

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