


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90047 031 ****50.00

DOCUMENT # L02000016155	
1. Entity Name IGUY, L.L.C.	

Principal Place of Business 10146 AIRY OAKS CT. WEEKI WACHEE, FL 34613	Mailing Address 10146 AIRY OAKS CT. WEEKI WACHEE, FL 34613
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20058120



2. Principal Place of Business 10145 AIRY OAKS CT	3. Mailing Address 10145 AIRY OAKS CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04252005 Chg-LLC CR2E083 (10/03)

City & State WEEKI WACHEE, FL	City & State WEEKI WACHEE, FL
Zip	Country

4. FEI Number 30-0130993	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WEINBERG, FREDRICK L 8345 DELAWARE DRIVE SPRING HILL, FL 34607	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
10145 AIRY OAKS CT	
City WEEKI WACHEE	FL Zip Code 34613

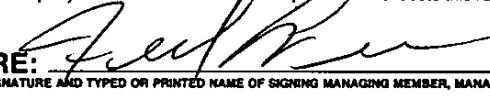
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEINBERG, FREDRICK L 10145 AIRY OAKS CT. WEEKI WACHEE, FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: 	Date 5/2/05	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		