

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 23, 2007 08:00 AM
Secretary of State**

DOCUMENT # L02000016155

1. Entity Name
IGUY, L.L.C.



Principal Place of Business
10145 AIRY OAKS CT
WEEKI WACHEE, FL 34613

Mailing Address
10145 AIRY OAKS CT
WEEKI WACHEE, FL 34613



02152007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 4. FEI Number 30-0130993 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

WEINBERG, FREDRICK L
10145 IARY OAKS CT
WEEKI WACHEE, FL 34613

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WEINBERG, FREDRICK L 10145 AIRY OAKS CT. WEEKI WACHEE, FL 34613 |
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03/05/07-80018-008 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/16/07