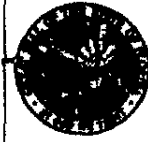


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L02000019104**

1. Entity Name  
**IONIAN COMMERCIAL LAUNDRY SERVICE, L.L.C.**



**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**1412 GRACE AVENUE  
PANAMA CITY, FL 32401**

Mailing Address  
**1412 GRACE AVENUE  
PANAMA CITY, FL 32401**



01052005 No Chg-LLC

CP2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**16-1618078**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FITZSIMMONS, TONY  
1412 GRACE AVENUE  
PANAMA CITY, FL 32401**

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FITZSIMMONS, TONY  
1412 GRACE AVENUE  
PANAMA CITY, FL 32401**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FITZSIMMONS, JEANNIE  
1415 GRACE AVE  
PANAMA CITY, FL 32401**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

1100000308847  
04/16/05-00014-004 \$5.00

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:** Tony Fitzsimmons, Tony Fitzsimmons

4/13/05

(850) 769-1375

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

Date

Daytime Phone #