


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 07, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L03000001459**  
1. Entity Name  
IRA INSURANCE, LLC



Principal Place of Business 360 AVENUE STE. 208 CORAL GABLES, FL 33146	Mailing Address 360 AVENUE STE. 208 CORAL GABLES, FL 33146
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**DO NOT WRITE IN THIS SPACE**



05092006No Chg-LLC CR2E083 (11/05)

4. FEI Number 45-0496559	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  
  
ALVAREZ, IRAIDA RODRIGU  
360 AVENUE STE. 208  
CORAL GABLES, FL 33146

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

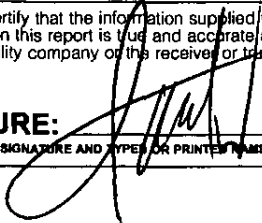
**Filing Fee is \$50.00  
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, IRAIDA R 360 AVENUE STE. 208 CORAL GABLES, FL 33146
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07/07/06-80007-015 50.00

**DO NOT WRITE IN THIS SPACE**

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:**  IRAIDA R. ALVAREZ 7/3/06 305-567-2517  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #