

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006121

Entity Name: IGGY BUILDERS, LLC

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

1946 WOOD HOLLOW PL.
SARASOTA, FL 34235

New Principal Place of Business:

4151 JAKL AVENUE
SARASOTA, FL 34232

Current Mailing Address:

P.O. BOX 681
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 75-3099740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEMING, ROBERT
1946 WOOD HOLLOW PL
SARASOTA, FL 34235 US

Name and Address of New Registered Agent:

FLEMING, ROBERT
4151 JAKL AVENUE
SARASOTA, FL 34232 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: ROBERT FLEMING

04/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLEMING, ROBERT
Address: 1946 WOOD HOLLOW PL.
City-St-Zip: SARASOTA, FL 34235

Title: MGRM () Delete
Name: FLEMING, SHAWN P
Address: 10333 WILLIG AVE.
City-St-Zip: ENGLEWOOD, FL 34224

Title: MGRM (X) Delete
Name: HUNT, MICHELLE M
Address: 4157 JAKL AVE
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES:

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

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 Chapter 119, 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: ROBERT FLEMING

MM

04/23/2007

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