

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010158

Entity Name: IBRC, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

13295 60TH STREET SOUTH
WELLINGTON, FL 33467

New Principal Place of Business:

Current Mailing Address:

13295 60TH STREET SOUTH
WELLINGTON, FL 33467

New Mailing Address:

FEI Number: 52-2024337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOHN, ROBERT M
13295 60TH STREET SOUTH
WELLINGTON, FL 33467 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAYES, DANIEL G
Address: 45 KNOLLWOOD RD. FIFTH FLOOR
City-St-Zip: ELMSFORD, NY 10523

Title: MGR () Delete
Name: HAYES, DANIEL G
Address: 9200 CHURCH ST, STE. 400
City-St-Zip: MANASSAS, VA 20110

Title: MGR () Delete
Name: KOHN, ROBERT M
Address: 13295 60TH STREET SOUTH
City-St-Zip: WELLINGTON, FL 33467

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: CHRISTIANE, KOHN
Address: 13295 60TH STREET SOUTH
City-St-Zip: WELLINGTON, FL 33467

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

I hereby certify that the information supplied with this filing does not qualify 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 KOHN

MGR

01/15/2009

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