


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000011666 1. Entity Name IVANHOE PROPERTIES, LLC	
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Principal Place of Business 255 SOUTH ORANGE AVENUE, STE. 1700 ORLANDO, FL 32801	Mailing Address 255 SOUTH ORANGE AVENUE, STE. 1700 ORLANDO, FL 32801
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01082005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2667660	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHRISTIANSEN, PATRICK T
255 SOUTH ORANGE AVENUE, STE. 1700
ORLANDO, FL 32801

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTIANSEN, PATRICK T 255 SOUTH ORANGE AVE., STE 1700 ORLANDO, FL 32801
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01/28/05-80030-010 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

1-805 407-843-7860
Date _____ Daytime Phone # _____