

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013661

FILED
Jan 08, 2004
Secretary of State

Entity Name: IAS FINANCE LLC

Current Principal Place of Business:

12955 BISCAYNE BLVD. □ □ SUITE 328
SUITE 328
NORTH MIAMI, FL 33181

Current Mailing Address:

12955 BISCAYNE BLVD. □ □ SUITE 328
SUITE 328
NORTH MIAMI, FL 33181

New Principal Place of Business:

12955 BISCAYNE BLVD.
SUITE 402
NORTH MIAMI, FL 33181 US

New Mailing Address:

12955 BISCAYNE BLVD.
SUITE 402
NORTH MIAMI, FL 33181 US

FEI Number: 01-0778390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONATHAN D. LEINWAND, P.A.
12955 BISCAYNE BLVD.
SUITE 328
FL, FL 33181 US

Name and Address of New Registered Agent:

JONATHAN D. LEINWAND, P.A.
12955 BISCAYNE BLVD.
SUITE 402
NORTH MIAMI, FL 33181 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: JONATHAN LEINWAND

01/08/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: QUARK CONSULTING, IN, C.
Address: 12955 BISCAYNE BLVD., SUITE 328
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: QUARK CONSULTING, IN, C.
Address: 12955 BISCAYNE BLVD., SUITE 402
City-St-Zip: NORTH MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JONATHAN LEINWAND

MGRM

01/08/2004

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