

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016967

Entity Name: IVS HOLDINGS LLC

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

4701 W. BALLAST POINT
TAMPA, FL 33611

New Principal Place of Business:

7317 DERWENT GLEN CIRCLE
LAND O LAKES, FL 34637

Current Mailing Address:

4701 W. BALLAST POINT
TAMPA, FL 33611

New Mailing Address:

7317 DERWENT GLEN CIRCLE
LAND O LAKES, FL 34637

FEI Number: 51-0482219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
SUITE E, 773 4TH AVE. NORTH
NAPLES, FL 34102 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: MGRM () Delete
Name: SHEPPARD, CHRISTOPHER L MR.
Address: 4701 W BALLAST POINT
City-St-Zip: TAMPA, FL 33611

Title: MGR () Delete
Name: SHEPPARD, IVANA R MRS.
Address: 4701 W BALLAST POINT
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHEPPARD, CHRISTOPHER L MR.
Address: 7317 DERWENT GLEN CIRCLE
City-St-Zip: LAND O LAKES, FL 34637

Title: MGR (X) Change () Addition
Name: SHEPPARD, IVANA R MRS.
Address: 7317 DERWENT GLEN CIRCLE
City-St-Zip: LAND O LAKES, FL 34637

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: IVANA SHEPPARD

MRS

04/12/2007

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