



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90281 022 ****50.00

DOCUMENT # L03000017954 1. Entity Name IBAYER, L.L.C.			
Principal Place of Business 999 SW 16TH AVE #71 GAINESVILLE, FL 32601		Mailing Address 999 SW 16TH AVE #71 GAINESVILLE, FL 32601	
2. Principal Place of Business 1700 SW 16th CT Suite, Apt. #, etc. P-21 City & State Gainesville, FL Zip 32608 Country USA		3. Mailing Address 1700 SW 16th CT Suite, Apt. #, etc. P-21 City & State Gainesville, FL Zip 32608 Country USA	
			
		04052005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 33-1058654		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent KERR, LEI 1505 SW 42ND STREET, APT. #12 GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR	TITLE	MGR
NAME	KERR, LEI <input type="checkbox"/> Delete	NAME	KERR, LEI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	999 SW 16TH AVE #71	STREET ADDRESS	1700 SW 16th CT # P-21
CITY-ST-ZIP	GAINESVILLE, FL 32601	CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Lei Li Kerr</i>		Date: <i>4/5/05</i> Daytime Phone #: <i>(352) 371-1014</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			