

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019275

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: INVESTORS RESOURCE CENTER, LLC

## Current Principal Place of Business:

1450 W SR 434 SUITE 102  
LONGWOOD, FL 32750

## New Principal Place of Business:

3165 MCCRORY PL  
#185  
ORLANDO, FL 32803

## Current Mailing Address:

1450 W SR 434 SUITE 102  
LONGWOOD, FL 32750

## New Mailing Address:

PO BOX 149232  
ORLANDO, FL 32814

FEI Number: 13-9252903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, W DUANE  
1450 W SR 434 #102  
LONGWOOD, FL 32750 US

## Name and Address of New Registered Agent:

WILLIAMS, W DUANE  
3165 MCCRORY PL  
#185  
ORLANDO, FL 32803 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: W DUANE WILLIAMS

04/27/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: TOLBERT, ANDREA  
Address: 1450 W SR 434 SUITE 102  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM ( ) Delete  
Name: WILLIAMS, DUANE  
Address: 403 BARCLAY AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM ( ) Delete  
Name: BROWN, KELLY  
Address: 337 MISTY OAKS RUN  
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: TOLBERT, ANDREA  
Address: 671 PROGRESS WAY  
City-St-Zip: SANFORD, FL 32771

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

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

Title: MGRM ( ) Change (X) Addition  
Name: BURT, RALPH A II  
Address: 1081 N. LAKE SYBELIA DR  
City-St-Zip: MAITLAND, FL 32751

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: W DUANE WILLIAMS

MGRM

04/27/2007

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