


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90056 013 \*\*\*\*50.00

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| DOCUMENT # L03000027043  |   |  |   |   |  |
| 1. Entity Name<br>IOLUSHRO HOLDING, LLC  |   |  |   |  |  |
| Principal Place of Business<br>3988 MANATEE AVE. EAST<br>BRADENTON, FL 34208   |   |  | Mailing Address<br>3988 MANATEE AVE. EAST<br>BRADENTON, FL 34208            |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address<br>PO Box 50575                   |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                                  |   |  |  |
| City & State   |   | City & State<br>Sarasota, FL                         |   | 4. FEI Number<br>65-1194911  |  |
| Zip  |   | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                     |  |
| Zip<br>34232   |   | Country  |   | 03102006 Chg-LLC CR2E083 (11/05)   |  |
| 6. Name and Address of Current Registered Agent<br><br>PRESSLEY, MICHELLE<br>3988 MANATEE AVE. EAST<br>BRADENTON, FL 34208   |   |  | 7. Name and Address of New Registered Agent                                 |  |  |
|  |   |  | Name<br>Robert L. Bergs   |  |  |
|  |   |  | Street Address (P.O. Box Number is Not Acceptable)<br>3988 Manatee Ave East |  |  |
|  |   |  | City<br>Bradenton   |  |  |
|  |   |  | FL Zip Code<br>34208  |  |  |
| 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 <u>Robert L. Bergs</u> DATE <u>4/27/06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |   | Make check payable to<br>Florida Department of State |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>BERGS, ROBERT<br>3988 MANATEE AVE. EAST<br>BRADENTON, FL 34208    | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>SALZLEIN, EARL LUKE<br>1560 S. ORANGE AVE.<br>FT. MEADE, FL 33841 | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3988 Manatee Ave East<br>Bradenton, FL 34208 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Robert L. Bergs</u> DATE: <u>4/27/06</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #</small>   |   |  |   |  |  |