


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
 IOLUSHRO HOLDING, LLC



Principal Place of Business
 3988 MANATEE AVE. EAST
 BRADENTON, FL 34208

Mailing Address
 3988 MANATEE AVE. EAST
 BRADENTON, FL 34208

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 PO Box 50575
 Suite, Apt. #, etc.

City & State
 Sarasota, FL

City & State
 Sarasota, FL

Zip
 34232

Country

03102006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 65-1194911

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent
 PRESSLEY, MICHELLE
 3988 MANATEE AVE. EAST
 BRADENTON, FL 34208

7. Name and Address of New Registered Agent

Name
 Robert L. Bergs

Street Address (P.O. Box Number is Not Acceptable)
 3988 Manatee Ave East

City
 Bradenton

FL Zip Code
 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 Robert L. Bergs (NOTE: Registered Agent signature required when reinstating)

DATE 4/27/06

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERGS, ROBERT 3988 MANATEE AVE. EAST BRADENTON, FL 34208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SALZLEIN, EARL LUKE 1560 S. ORANGE AVE. FT. MEADE, FL 33841 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3988 Manatee Ave East Bradenton, FL 34208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: Robert L. Bergs Date 4/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #