

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000032118

1. Entity Name
IVA, LLC



Principal Place of Business
**516 LAKEVIEW ROAD, UNIT 8
CLEARWATER, FL 33756-3302**

Mailing Address
**516 LAKEVIEW ROAD, UNIT 8
CLEARWATER, FL 33756-3302**



01172006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1684658	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**FLYNN, KEVIN T
516 LAKEVIEW ROAD, UNIT 8
CLEARWATER, FL 33756-3302**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstated)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLYNN, THOMAS F 516 LAKEVIEW ROAD, #8 CLEARWATER, FL 33756
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLYNN, KEVIN T 516 LAKEVIEW ROAD, #8 CLEARWATER, FL 33756
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/08/06-80081-002 55.00

**DO NOT WRITE
IN THIS SPACE**

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:  **Kevin T. Flynn, Vice President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/23/06 727-449-1182
Date Daytime Phone #