

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000040729

1. Entity Name
IRWIN INVESTORS, LLC



Principal Place of Business
**33 PRINCEWOOD LANE
PALM BEACH GARDENS, FL 33410**

Mailing Address
**P.O. BOX 8206
JUPITER, FL 33468**



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0290977

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RODGERS, ADAM
33 PRINCEWOOD LANE
PALM BEACH GARDENS, FL 33410**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LEFFERDINK, M. VAN
STREET ADDRESS	124 BEARS CLUB ROAD
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	MGR
NAME	RODGERS, ADAM
STREET ADDRESS	33 PRINCEWOOD LANE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGR
NAME	DEAN, EDWARD
STREET ADDRESS	5211 S.W. HAMMOCK CREEK DRIVE
CITY-ST-ZIP	PALM CITY, FL 33490
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

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

Date

Daytime Phone #

Edw. M. Lefferdink Member 1/10/08 561 748 0931