

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043349

Entity Name: IPD LATIN AMERICA, LLC

FILED
Jul 08, 2008
Secretary of State

Current Principal Place of Business:

888 BRICKELL KEY DRIVE, SUITE 1002
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

888 BRICKELL KEY DRIVE, SUITE 1002
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-0281938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES, FL 33146 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VOGHT, DAVID T MR
Address: 888 BRICKELL KEY DRIVE, STE 1002
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: PADILLA, JOHN D MR
Address: 81 WASHINGTON STREET, STE 6F
City-St-Zip: BROOKLYN, NY 11201

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: PADILLA, JOHN D MR
Address: 35 UNDERHILL AVENUE, 4E
City-St-Zip: BROOKLYN, NY 11238

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: DAVID T VOGHT

MR

07/08/2008

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