

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049375

Entity Name: IOA GROUP, LLC

FILED  
Apr 25, 2006  
Secretary of State

## Current Principal Place of Business:

1855 W STATE ROAD 434  
LONGWOOD, FL 32750

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 162207  
ALTAMONTE SPRINGS, FL 327162207 US

## New Mailing Address:

FEI Number: 20-0448952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORAN, THOMAS P  
111 NORTH ORANGE AVENUE, SUITE 1200  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

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: RITENOUR, JOHN K  
Address: 475 LONGMEADOW LANE  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete  
Name: MANFRE, MARK  
Address: 1855 W STATE ROAD 434  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM ( ) Delete  
Name: SCALISE, TOM  
Address: 1855 W STATE ROAD 434  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM ( ) Delete  
Name: LODWICK, DAVID  
Address: 1855 W STATE ROAD 434  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM ( ) Delete  
Name: MAKI, DAVE  
Address: 1855 W STATE ROAD 434  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN RITENOUR

MGR

04/25/2006

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