


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 15, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000053764 1. Entity Name IMACK PROPERTIES, LLC |  |
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|---|---|
| Principal Place of Business 9690 RAVEN COURT ESTERO, FL 33928 | Mailing Address 9690 RAVEN COURT ESTERO, FL 33928 |
|---|---|



07122005No Chg-LLC

CR2E083 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 68-0574493 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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|--|---------------------------------------|
| 6. Name and Address of Current Registered Agent IGOE, JEANETTE I PA 9690 RAVEN COURT ESTERO, FL 33928 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

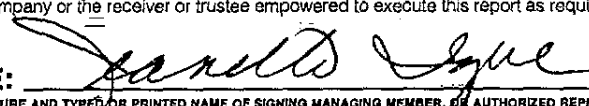
**Filing Fee is \$50.00
Due by September 7, 2005**

U000000372932
07/15/05-80003-013 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR IGOE, JEANETTE 9690 RAVEN CT. ESTERO, FL 33928 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MACKLE, JOSEPH M 9640 RAVEN COURT ESTERO, FL 33928 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MACKLE, ANNE M 9640 RAVEN COURT ESTERO, FL 33928 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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 exemption stated in Section 119.07(3)(i), 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:  **7-13-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #