2005 LIMITED LIABILITY COMPANY **FILED ANNUAL REPORT** Apr 25, 2005 08:00 Al Secretary of State DOCUMENT # L04000001655 1. Entity Name IFM REALTY, LLC Principal Place of Business Mailing Address 799 BELL RD 799 BELL RD SARASOTA, FL 34240 SARASOTA, FL 34240 01102005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 51-0493914 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOSCA, FRANK DO NOT WRITE 8701 MIDNIGHT PASS ROAD #201A SARASOTA, FL 34242 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOSCA, FRANK 8701 MIDNIGHT PASS ROAD #201A SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOSCA, INA 8701 MIDNIGHT PASS ROAD #201A SARASOTA, FL 34242
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11. I hereby certify that the information supplied with this filing does not qualify for the exer	

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Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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

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