2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

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Entity Name: IRONMEN PROPERTIES 2, LLC

Current Principal Place of Business:

4400 ROYAL TERN COURT
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

4400 ROYAL TERN COURT
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 20-0863423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREEN, DAVID A
4400 ROYAL TERN COURT
JACKSONVILLE BEACH, FL 32250 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: GREEN, DAVID A
Address: 4400 ROYAL TERN COURT
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MD (X) Change ( ) Addition
Name: GREEN, DAVID A
Address: 4400 ROYAL TERN COURT
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MD ( ) Change (X) Addition
Name: STEVEN, KAUFMAN
Address: 4783 WINDSOR COMMONS COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: MD ( ) Change (X) Addition
Name: BAILET, PETER
Address: 3017 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: MD ( ) Change (X) Addition
Name: MASINGILL, LON
Address: 33 IRENE DRIVE
City-St-Zip: HOLLIS, NH 03049

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: DAVID A. GREEN MD 01/04/2006

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