

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L04000023181					
1. Entity Name IBEX CONSTRUCTION - FLORIDA LLC					
Principal Place of Business 6422 N.W. 5TH WAY FT. LAUDERDALE, FL 33309			Mailing Address 6422 N.W. 5TH WAY FT. LAUDERDALE, FL 33309		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 reinstalling) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUNGVAR, LLC 1372 BROADWAY, 15TH FLOOR NEW YORK, NY 10018		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11000000373615 07/19/05-800006-007 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YARMUS, SCOTT 6422 N.W. 5TH WAY FT. LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAJMUNDAR, MARESH 6422 N.W. 5TH WAY FT. LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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: _____ Member			7/13/05 646J666200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		