

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90020 020 ****50.00



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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1372 Broadway 15th Flr.

Suite, Apt. #, etc.

City & State

New York N.Y.

Zip

10018

Country

USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
 9200 SOUTH DADELAND BLVD., SUITE 508
 MIAMI FL 33156

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE: MGRM Delete
 NAME: HUNGVAR, LLC
 STREET ADDRESS: 1372 BROADWAY, 15TH FLOOR
 CITY-ST-ZIP: NEW YORK NY 10018

TITLE: MGRM Delete
 NAME: YARMUS, SCOTT
 STREET ADDRESS: 6422 N.W. 5TH WAY
 CITY-ST-ZIP: FT. LAUDERDALE FL 33309

TITLE: MGRM Delete
 NAME: MAJMUNDAR, MARESH
 STREET ADDRESS: 6422 N.W. 5TH WAY
 CITY-ST-ZIP: FT. LAUDERDALE FL 33309

TITLE: Delete
 NAME: *Andy Frank*
 STREET ADDRESS: *1372 Broadway*
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

10. ADDITIONS / CHANGES

TITLE: Managing Member Change Addition
 NAME: *Andy Frank*
 STREET ADDRESS: *1372 Broadway 15th Flr.*
 CITY-ST-ZIP: *New York N.Y. 10018*

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

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

3/17/06

Date

646 366 6284

Daytime Phone #