

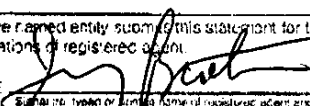
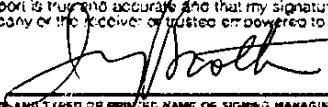
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DARYL CRAMER AND ASSOC.

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90056 006 ****50.00

DOCUMENT # L04000024742			
1. Entity Name IRVINGB2, LLC			
Principal Place of Business C/O DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BLVD., STE. 508 PALM BEACH GARDENS, FL 33410		Mailing Address C/O DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BLVD., STE. 508 PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business 121 Abundance Drive		3. Mailing Address 121 Abundance Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL	
Zip 33410	Country USA	Zip 33410	Country USA
6. Name and Address of Current Registered Agent DARYL CRAMER & ASSOCIATES, P.A. 3801 PGA BLVD., STE. 508 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Irving Brothman Street Address (P.O. Box Number is Not Acceptable) 121 Abundance Drive City Palm Beach Gardens FL Zip Code 33410	
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. Irving Brothman, Managing Member SIGNATURE  DATE 4/28/05 Signature typed or printed name of current registered agent and fee # applicable (NOTE: Registered agent signature required when re-filing)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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
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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)(c), Florida Statutes. I further certify that the information included 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 605, Florida Statutes. SIGNATURE:  DATE 4/28/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			