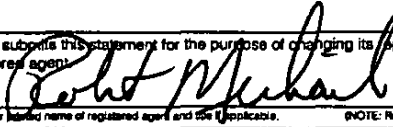


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

08-25-2005 90107 006 ****50.00

DOCUMENT # L04000031148					
1. Entity Name IRONWOOD, LLC					
Principal Place of Business 159 JASMINE STREET TAVERNIER, FL 33070			Mailing Address 131 NORTH ROLLING HILL ROAD TAVERNIER, FL 33070		
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 20-1046785				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MICHAEL, ROBERT 131 NORTH ROLLING HILL ROAD TAVERNIER, FL 33070			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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:  8/22/05 Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when resigning.) 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	TITLE	NAME	STREET ADDRESS
	Kelly Shaw	159 Jasmine St.			
	Tavernier, FL 33070				
	Robert Michael	131 W. Rolling Hill Rd.			
	Tavernier, FL 33070				
	Dannelle Barcomb	175 Coral Rd.			
	Islamorada, FL 33037				
	Amy RenFroe	701 Lobster Ln			
	Key Largo, FL 33037				
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:  Robert Michael 8/22/05 305-522-3231 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					