

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036559

Entity Name: I.R.-B.B. LLC

FILED  
Apr 02, 2008  
Secretary of State

## Current Principal Place of Business:

4822 AGUALINDA BLVD  
CAPE CORAL, FL 33914 US

## New Principal Place of Business:

4554 SE 5TH PLACE  
#213 (A/K/A #404)  
CAPE CORAL, FL 33910 US

## Current Mailing Address:

P.O. BOX 100790  
CAPE CORAL, FL 33910 US

## New Mailing Address:

FEI Number: 26-0093077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROGOWSKI, IZHAK  
4822 AGUALINDA BOULEVARD  
CAPE CORAL, FL 33914 US

## Name and Address of New Registered Agent:

BERMAN, BEN  
4554 SE 5TH PLACE  
#213 (A/K/A #404)  
CAPE CORAL, FL 33910 US

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: BEN BERMAN

04/02/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ROGOWSKI, IZHAK  
Address: 4822 AGUALINDA BLVD.  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM ( ) Delete  
Name: BERMAN, BEN  
Address: P.O. BOX 100790  
City-St-Zip: CAPE CORAL, FL 33910 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: BEN BERMAN

MGRM

04/02/2008

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