2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 23, 2005 8:00 am
Secretary of State
03-28-2005 90293 038 ****50.00

DOCUMENT # L04000039406

1. Entity Name
THE IHI GROUP LLC

Principal Place of Business	Mailing Address
940 EYERLY ST COCOA FL 32927	940 EYERLY ST COCOA FL 32927

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
8850 Bravon Circle	P O Box 920
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Canaveral FL	City & State: Cape Canaveral FL
Zip: 32920 Country: Brevard	Zip: 32920 Country: Brevard

4. FEI Number: 54-2153238 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEISS, CATHY M 6498 COLONY PARK DR MERRITT ISLAND FL 32953	Name: Cathy Weiss Street Address (P.O. Box Number is Not Acceptable): 87 Oak Manor Dr City: Cape Canaveral FL Zip Code: 32920

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: Cathy Weiss 3-21-05
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, 2005

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WEISS, CATHY M 6498 COLONY PARK DR MERRITT ISLAND FL 32953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Cathy Weiss 87 Oak Manor Dr. CapeCanaveral, FL 32920
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ROBISON, KERRY L 940 EYERLY ST COCOA FL 32927	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ROBISON, SUZANNE B 940 EYERLY ST COCOA FL 32927	☐ 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
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: Cathy Weiss 5-19-05 321-652-0274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #