2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005
Secretary of State

DOCUMENT# L04000046139

Entity Name: IBCONCEPTIONS, LLC

Current Principal Place of Business:

1701 HILLSIDE DRIVE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

1701 HILLSIDE DRIVE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 20-1296584 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TONKIN, BRYANT
1701 HILLSIDE DRIVE
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: TONKIN, BRYANT
Address: 1701 HILLSIDE DRIVE
City-St-Zip: TAMPA, FL 33610

Title: MGRM ( ) Delete
Name: MITCHELL, IAN
Address: 10160 MONTAGUE STREET
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: MITCHELL, IAN
Address: 7546 TRANSOM CT.
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRYANT TONKIN MR. 03/18/2005

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