

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000048017

Entity Name: IVY RAIN LLC

**FILED**  
**Mar 11, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

1163 NW 175TH AVENUE  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

PO BOX 822871  
SOUTH FLORIDA, FL 33082 US

**Current Mailing Address:**

PO BOX 822871  
SOUTH FLORIDA, FL 33082 US

**New Mailing Address:**

FEI Number: 65-1227924      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FARRELL, GAY  
1163 NW 175TH AVENUE  
PEMBROKE PINES, FL 33029 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FARRELL, GAY  
Address: 1163 NW 175TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33029 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FARRELL, GAY  
Address: PO BOX 822871  
City-St-Zip: SOUTH FLORIDA, FL 33082 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GAY FARRELL

MGRM

03/11/2006

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