

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063892

FILED
Feb 09, 2006
Secretary of State

Entity Name: IMPERIAL VALLEY INVESTMENTS, LLC

Current Principal Place of Business:

2 SOUTH ORANGE AVENUE
5TH FLOOR
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

2 SOUTH ORANGE AVENUE
5TH FLOOR
ORLANDO, FL 32801 US

New Mailing Address:

FEI Number: 20-1642571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORNSTEIN, MARK L
2 SOUTH ORANGE AVENUE
5TH FLOOR
ORLANDO, FL 32801 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: MGR () Delete
Name: ORNSTEIN, MARK L
Address: 2 SOUTH ORANGE AVENUE, 5TH FLOOR
City-St-Zip: ORLANDO, FL 32801 US

Title: MGR () Delete
Name: SANCHEZ, ROBERT A
Address: 218 N. FLORIDA ST., SUITE 2
City-St-Zip: BUSHNELL, FL 33513

Title: MGR () Delete
Name: HERZIG, DAVID J
Address: 114 5TH DILIDO TERRACE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

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

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 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: MARK L. ORNSTEIN

MGR

02/09/2006

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