
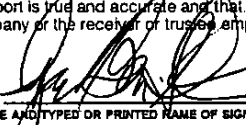


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90019 006 ***138.75

DOCUMENT # L04000064181																																															
1. Entity Name I.L.S.-MINN, LLC																																															
Principal Place of Business 101 S. STATE ROAD 7, SUITE 201 HOLLYWOOD, FL 33023-6736			Mailing Address 101 S. STATE ROAD 7, SUITE 201 HOLLYWOOD, FL 33023-6736																																												
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																													
City & State		City & State																																													
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE																																											
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																											
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																											
BEN-SHMUEL, IZAC 101 S. STATE ROAD 7, SUITE 201 HOLLYWOOD, FL 33023-6736				Name Street Address (P.O. Box Number is Not Acceptable) City																																											
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.				\$5.00 Additional Fee Required																																											
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																															
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="padding: 5px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="padding: 5px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> MGRM BEN-SHMUEL, IZAC 101 S STATE ROAD 7, SUITE 201 HOLLYWOOD, FL 33023 </td> <td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> MGR BEN-SHMUEL, LIOR 101 S STATE ROAD 7, SUITE 201 HOLLYWOOD, FL 33023 </td> <td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> MGR BEN-SHMUEL, SHLOMI 101 S STATE ROAD 7, SUITE 201 HOLLYWOOD, FL 33023 </td> <td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2" style="padding: 5px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEN-SHMUEL, IZAC 101 S STATE ROAD 7, SUITE 201 HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEN-SHMUEL, LIOR 101 S STATE ROAD 7, SUITE 201 HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEN-SHMUEL, SHLOMI 101 S STATE ROAD 7, SUITE 201 HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <i>Izac Ben-Shmuel</i> 4/24/2008 954-985-382 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																															