




FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90022 010 ****50.00

000000000000 L04000067135				Secretary of State	
1. Entity Name IVY ONE, LLC				01-11-2005 90022 010 ****50.00	
Principal Place of Business 3574 SW 49TH PLACE FT LAUDERDALE, FL 33312		Mailing Address 3574 SW 49TH PLACE FT LAUDERDALE, FL 33312			
2. Principal Place of Business		3. Mailing Address		01042005 000000 000000000000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 000000000000	
6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. SUITE E, 773 4TH AVENUE NORTH NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
0000 0000 000000000000 0000000000	MGRM GATES, DAVID 3674 SW 49TH PLACE FT LAUDERDALE, FL 33312	<input type="checkbox"/> 000000	0000 0000 000000000000 0000000000	MGRM GATES, DAVID 3574 SW 49 PLACE FT. LAUDERDALE, FL 33312	<input type="checkbox"/> 000000 <input type="checkbox"/> 000000
0000 0000 000000000000 0000000000	MGRM TRAFON, DAVE C 1900 SUNSET HARBOUR DR, E1015 MIAMI BEACH, FL 33139	<input type="checkbox"/> 000000	0000 0000 000000000000 0000000000		<input type="checkbox"/> 000000 <input type="checkbox"/> 000000
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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: 		Date: 1/7/04		Daytime Phone #: 954-560-5058	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					