2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 13, 2006 08:00 AM Secretary of State

1. Entity Nan	IVIEN (# LU40000674	170		
Principal Plac	ce of Business	Mailing Address	1	
		17316 81ST LN N LOXAHATCHEE, FL 33470	US	i 1921/201 211 22/11 22/11 22/11 22/11 22/11 22/11 22/11 22/11 22/11 22/11 22/11 22/11 22/11 22/11 22/11 22/11
E	OO NOT WRITE	IN THIS SPA	CE	01062006 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For Not Applicable
}	ı			Certificate of Status Desired
6. Name and Address of Current Registered Agent				
VASCO, JOSEPH F SR. 17316 81ST LN N LOXAHATCHEE, FL 33470				DO NOT WRITE IN THIS SPACE
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. It am familiar with, and accept the obligations of registered agent.				
Signature: typod or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reunstating) OATE				
Filing Fee is \$50.00 Due by May 1, 2006				
9.	MANAGING MEMBERS	S/MANAGERS		
NAME	VASCO, JOSEPH F SR		1	
STREET ADDRESS CITY-ST-ZIP	17316 81ST LN N LOXAHATCHEE, FL 33470			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000432720 02/23/06-88077-024 50.80
TITLE NAME STREET ADDRESS				DO NOT WRITE
CHTV-ST-ZIP THTLE			-	
NAME STREET ADDRESS CITY-ST-ZIP	,			IN THIS SPACE
NAME SIRLE I ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes further certify that the information indicated on this report strue and accurate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				