

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-29-2005 90038 048 *****50.00

L04000074195

FILED

2005 JUL -5 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000074195

1. Entity Name
THE IFL COMPANIES, LLC



Principal Place of Business
7000 BEACH PLAZA, SUITE 1001
ST. PETE BEACH, FL 33706

Mailing Address
7000 BEACH PLAZA, SUITE 1001
ST. PETE BEACH, FL 33706

20050553



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-1761923

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRUMMOND, TEMPLE H ESQ
DRUMMOND & ASSOCIATES
6325 JACQUELINE ARBOR DRIVE
TEMPLE TERRACE, FL 33617

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when resigning)

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
Lex J. Byers
7000 Beach Plaza, Suite 1001
St. Pete Beach, FL 33706

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
Andrea S. Schwartz
7000 Beach Plaza, Suite 1001
St. Pete Beach, FL 33706

☐ Change ☒ Addition

TITLE
NAME
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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:

Lex J. Byers

Lex J. Byers 4-27-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #