

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000074195

Entity Name: THE IFL COMPANIES, LLC

**FILED**  
**Apr 11, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

328 WEST BEARSS AVENUE  
TAMPA, FL 33613

**Current Mailing Address:**

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

**New Mailing Address:**

1220 ROSECRANS STREET  
SUITE 948  
SAN DIEGO, CA 92106

FEI Number: 20-1761923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

DRUMMOND, TEMPLE H ESQ  
DRUMMOND & ASSOCIATES  
328 WEST BEARSS AVENUE  
TAMPA, FL 33613 US

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:

04/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANDREA, SCHWARTZ  
Address: 7000 BEACH PLAZA, SUITE 1001  
City-St-Zip: ST. PETE BEACH, FL 33706

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ANDREA, SCHWARTZ  
Address: 328 WEST BEARSS AVENUE  
City-St-Zip: TAMPA, FL 33613

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: ANDREA SCHWARTZ

MGRM

04/11/2007

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