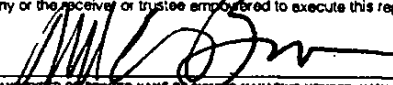


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/

FILED
May 26, 2005 8:00 am
Secretary of State

04-20-2005 90037 048 ****50.00

DOCUMENT # L04000077977			
1. Entity Name 1852 IVY LANE, LLC			
Principal Place of Business 2101 WEST COMMERCIAL BLVD., SUITE 4100 FT. LAUDERDALE, FL 33309		Mailing Address 2101 WEST COMMERCIAL BLVD., SUITE 4100 FT. LAUDERDALE, FL 33309	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. SUITE 2800		Suite, Apt. #, etc. SUITE 2800	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BERMAN, RICHARD E 2101 WEST COMMERCIAL BLVD., SUITE 4100 FT. LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2101 W. COMMERCIAL BLVD., SUITE 2800 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 title if applicable (NOTE: Registered Agent signature required when reappointing) 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	MGRM GUERRY, JAMES H III 835 ELLIS ROAD TALLAHASSEE, FL 32317 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GUERRY, DIANA M 835 ELLIS ROAD TALLAHASSEE, FL 32317 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERMAN, RICHARD E 3400 GALT OCEAN DRIVE, #1602S FT. LAUDERDALE, FL 33308 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERMAN, MICHELLE 3400 GALT OCEAN DRIVE, #1602S FT. LAUDERDALE, FL 33308 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		4/2-05 911-185-0000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	

30007747



01042005 Chg-LLC CR2E083 (10/03)

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

FL Zip Code