

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078308

Entity Name: IRONCLAD BROTHERS, LLC

FILED  
Apr 10, 2006  
Secretary of State

## Current Principal Place of Business:

800 OCALA RD 300-122  
TALLAHSSEE, FL 32304

## New Principal Place of Business:

2619 NW 17TH LANE  
POMPANO BEACH, FL 33064

## Current Mailing Address:

800 OCALA RD 300-122  
TALLAHSSEE, FL 32304

## New Mailing Address:

2619 NW 17TH LANE  
POMPANO BEACH, FL 33064

FEI Number: 57-1214016

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, EWEN  
1112 S. MAGNOLIA DR B203  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

ANDERSON, EWEN  
11110 WEST OAKLAND PRK BLVD  
241  
SUNRISE, FL 33322 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: EWEN ANDERSON

04/10/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ANDERSON, EWEN  
Address: 1112 S MAGNOLIA DR B203  
City-St-Zip: TALLAHSSEE, FL 32304

Title: MGRM (X) Delete  
Name: MILLER, DAVID  
Address: 800 OCALA RD 300-122  
City-St-Zip: TALLAHSSEE, FL 32304

Title: MGRM (X) Delete  
Name: ANDERSON, ROBERT  
Address: 800 OCALA RD 300-122  
City-St-Zip: TALLAHSSEE, FL 32304

Title: MGRM (X) Delete  
Name: ANDERSON, MARCEL A DR  
Address: 9645 NW 19 PLACE  
City-St-Zip: SUNRISE, FL 33322

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ANDERSON, EWEN  
Address: 11110 W OAKLAND PARK BLVD  
City-St-Zip: SUNRISE, FL 33322

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: EWEN ANDERSON

MR

04/10/2006

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