

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083294

FILED
Apr 29, 2009
Secretary of State

Entity Name: IVERSON RANALLI INVESTMENT GROUP, LLC

Current Principal Place of Business:

890 PALMETTO POINTE CIRCLE
CAPE CORAL, FL 33991

New Principal Place of Business:

4530 MATCHPOINTE LANE
FORT MYERS, FL 33919

Current Mailing Address:

890 PALMETTO POINTE CIRCLE
CAPE CORAL, FL 33991

New Mailing Address:

4530 MATCHPOINTE LANE
FORT MYERS, FL 33919

FEI Number: 61-1482875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IVERSON, PAUL O
890 PALMETTO POINTE CIRCLE
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

IVERSON, PAUL O
429 SW 45TH STREET
CAPE CORAL, FL 33914 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: PAUL IVERSON

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: IVERSON, PAUL O
Address: 890 PALMETTO POINTE CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

Title: MGR () Delete
Name: RANALLI, JEFFERY
Address: 4530 MATCH POINTE LANE
City-St-Zip: FT. MYERS, FL 33909

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: IVERSON, PAUL O
Address: 429 SW 44TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

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

I hereby certify that the information supplied with this filing does not qualify 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: PAUL IVERSON

MGRM

04/29/2009

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