2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Secretary of State 02-21-2005 90173 042 ****50.00 **DOCUMENT # L04000084984** I.P.G., LLC 20013059 Principal Place of Business Mailing Address 1404 59TH AVENUE EAST, SUITE C 1404 59TH AVENUE EAST, SUITE C BRADENTON, FL 34203 BRADENTON, FL 34203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072005 CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-193 3283 Not Applicable Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOONHOUT, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 1402 THIRD AVENUE WEST BRADENTON, FL 34205 Zip Code City 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 tatle if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MANING Menbel Stephen A. TAYIOL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME 1230 Shelly Acive STREET ADDRESS STREET ADDRESS 7 62471 CITY-ST-ZIP CITY-ST-71P TITLE · Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE __ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete INIE NAME NAME STREET ADDRESS STREET ADDRESS

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

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FILED Feb 21, 2005 8:00 am