2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPE

Mar 07, 2007 8:00 am Secretary of State DOCUMENT # L04000085739 03-07-2007 90403 001 ***150.00 IOV INVESTMENT, L.L.C. Principal Place of Business Mailing Address 1177 S.E. 3RD AVENUE 1177 S.E. 3RD AVENUE FT. LAUDERDALE FL 33116 FT. LAUDERDALE FL 33116 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State Applied For City & State 4. FEI Number 20-1960036 Not Applicable Zip Country Zip 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 Namo WACHS, JEFFREY S ESQ. Street Address (P.O. Box Number is Not Acceptable) 1177 S.E. 3RD AVENUE FT. LAUDERDALE FL 33116 City 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, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agent signature required when reinstating) CALE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES IIIU ☐ Defete 11111 Change ■ Addition NAM GIORGIO, ANTHONY T NAME STREET ADDRESS STREET ADDRESS 1177 S.E. 3RD AVENUE CITY ST-ZIP CHY ST /IP FT. LAUDERDALE FL 33116 ☐ Delete THE THE ☐ Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY SE-ZIP CITY-ST-71P THUE ☐ Delete THE Change ■ Addition NAMO NAME STREET ADDRESS STREET ADORESS CITY SEAP uir Si /# ☐ Defete Int ☐ Change ☐ Addition NAMI STREET ADDRESS STRUET ADORESS CHY SI-ZIP CITY ST-782 ☐ Delete IIILE IIIL Change Addition NAM NAMI STREET ADDRESS STREET ADDRESS CITY-S1-7IP CHY ST 78P ши Delete HITE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee engowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED