


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90024 024 \*\*\*\*50.00

<b>DOCUMENT # L04000086511</b>	
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<b>1. Entity Name</b> IVAN GROUP, L.L.C.	<b>Principal Place of Business</b> 220 WEST GARDEN STREET, SUITE 606 SUNTRUST TOWER PENSACOLA, FL 32502	<b>Mailing Address</b> 220 WEST GARDEN STREET, SUITE 606 SUNTRUST TOWER PENSACOLA, FL 32502
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03242006 Chg-LLC CR2E083 (11/05)

<b>4. FEI Number</b> 56-2491544	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
BEASLEY, ROBERT O ESQ 220 WEST GARDEN STREET, SUITE 606 SUNTRUST TOWER PENSACOLA, FL 32502	Name Street Address (P.O. Box Number is Not Acceptable) 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST GREEN, SCOTT 1123 PEARSON RD MILTON, FL 32583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEASLEY, ROBERT 2455 BLUFFS CIR PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFF, MARCUS 6049 W CANBRIDGE WAY MILTON, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LILE, BILL 2145 DEL BARCO LANE MILTON, FL 32583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, BILL 1600 E 34TH AVE PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEELMAN, LAWRENCE 5467 OAKMONT DR MILTON, FL 32571 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:** Scott Green GM **4-10-06** **712-2591**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**IVAN GROUP, LLC.**  
**2006 BOARD OF DIRECTORS – ADDITIONS**

D  
SMITH, JAMES  
4125 MONTALUO DR.  
PENSACOLA, FL 32504

D  
DOWD, DENNIS  
30498 LAUREL CT.  
SPANISH FORT, AL 32527-8600

D  
GN DEVELOPMENT, INC  
4359 DEVEREUX CIRCLE  
PENSACOLA, FL 32504

D  
PARSLEY, KEVIN  
4277 WALDEN WAY  
GULF BREEZE, FL 32563

D  
CRAIG JONES  
827 FLEMING CT  
PENSACOLA, FL 32514