2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

## Jan 31, 2006 08:00 AM DOCUMENT # L04000092748 **Secretary of State** 1. Entity Name IBIZA VENTURES, LLC Principal Place of Business Mailing Address 200 OCEAN LANE DRIVE, APT. 901 200 OCEAN LANE DRIVE, APT. 901 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. ff, etc. tst MOORE CR2E083 (10/05) City & State City & State Applied For 20-2580197 Not Applicat Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATE CREATIONS NETWORK, INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS FL 33410 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 accompanying the state of Florida. the obligations of registered agent. Signature, typed or printed name of registered agent and trils if applicable (NOTE, Registered Agent signature required when re-installing) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10, ADDITIONS/CHANGES ១. TITLE $tar \epsilon$ ☐ Change □ /\*:" MGR C Delete NAME NAME PARADIES, JENNY U00000412259 STREET ADDRESS 200 OCEAN LANE DRIVE, APT. 901 STREET ADDRESS 02/10/06-80040-011 50.00 C(TY-SI-Z)P CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Change □AC ☐ Delete 3315 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ A.5.\*\* NAME NAME STREET ADDRESS SUBJECT ADDRESS CITY-ST-ZIP CITY-SI-ZIE ☐ Ada" Change TITLE ☐ Delete 33118 NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZAP CITY-ST-ZIP Change ☐ Acti ☐ Delete THE BILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY - ST - 718 TITLE Oelete THE ☐ Change ☐ Addit NAME NAME STREET ADDRESS STREET ABURESS 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 legal effect as if made under oath, that (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.

**FILED** 

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