## 2006 LIMITED LIABILITY COMPANY **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM Secretary of State CUMENT # L04000093392 IBU PENTHOUSE, LLC. N Mailing Address Pr TPlace of Business AST THIRD AVENUE MYRNA BEACH FL 32169 P.O. BOX 2011 8. NEW SMYRNA BEACH FL 32170 N ipal Place of Business 3. Mailing Address 2. Suite, Apt #, etc. e, Apt. #, etc. 1st MOORE GR2E083 (10/05) City & State Applied For 4. FEI Number State 56-2496751 Not Applicat Country 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 Name WEIDE, BRUCE 1534 EAST THIRD AVENUE NEW SMYRNA BEACH FL 32169 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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 8. biligations of registered agent. SIC Signature, typed or printed name of registered agent and title if applicable (NOTE Repisiered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES 9. MANAGING, MEMBERS/MANAGERS 10. Change □ ##\*\* MGRM ☐ Delete TITLE TITLE WEIDE, BRUCE NAME STRE 634 EAST THIRD AVENUE STREET ADDRESS CITY-ST-ZIP CITY NEW SMYRNA BEACH FL 32169 Addition titu ☐ Delete DILE Change NAME NAM U00000398000 01/30/06-80077-012 50.00 STREET ADDRESS STRE CITY-ST-ZIP CITY Change □ Vq(\(\frac{1}{2}\)\(\frac{1}{2}\) TITLE ☐ Defete TITLE NAME NAM STREET ADDRESS STRE CITY-ST-ZIP CITY TITLE ☐ Delete SHLE Change ■ Addition NAME NAM STREET ADDRESS. STRE COV CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAMI STRE STREET ADDRESS CITY-CITY-ST-ZIP Change TITLE ☐ (Defete TITLE ☐ Addition NAME NAME

NATURE: BRUCE WEIDE Bruce Weiler 1-19-2006 386423-7611

STREET ADDRESS

tity 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 reject 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 red liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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