

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003172

Entity Name: IV ENTERPRISES, LLC

FILED  
Aug 17, 2006  
Secretary of State

**Current Principal Place of Business:**

264 GULF BREEZE PKWY SUITE 4  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

254 GULF BREEZE PKWY  
GULF BREEZE, FL 32561

**Current Mailing Address:**

264 GULF BREEZE PKWY SUITE 4  
GULF BREEZE, FL 32561

**New Mailing Address:**

254 GULF BREEZE PKWY  
GULF BREEZE, FL 32561

FEI Number: 86-1129446      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

AGENTS AND CORPORATIONS, INC.  
SUITE E, 773 4TH AVENUE NORTH  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DOLASKIE, THOMAS JOHN IV  
Address: 5645 ADELYN ROAD  
City-St-Zip: PENSACOLA, FL 32504

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DOLASKIE, THOMAS JOHN IV  
Address: P.O. BOX 146  
City-St-Zip: GULF BREEZE, FL 32562

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS J. DOLASKIE IV

PRES

08/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date