## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jun 23, 2006 8:00 am **Secretary of State DOCUMENT # L05000016952** Entity Name 04-17-2006 90053 047 \*\*\*\*50.00 THE IVY 2008, LLC Principal Place of Business Mailing Address 30011127 6065 N.W. 167TH STREET, SUITE #B-2 6065 N.W. 167TH STREET, SUITE #B-2 MIAMI, FL 33015 MIAMI, FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEi Number Not Applicable Zip Country Ζip Country \$5.00 Additional 5. Certificate of Status Desired ee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, RENE S 6065 N.W. 167TH STREET, SUITE #B-2 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33015 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 accept the obligations of registered agent DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR ☐ Change ☐ Addition TITLE TITLE ☐ Delete GONZALEZ, RENE S NAME NAME STREET ADDRESS 6065 N.W. 167TH STREET, SUITE #B-2 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33015 CITY-ST-7/P TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE Delete TITLE Charge Audition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change MLE ☐ Delete TITLE 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 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AUTHORIZED REPRESENTATIVE

Daytime Phone 6

FILED