

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90063 033 ****50.00

DOCUMENT # L05000032566					
1. Entity Name INTELLECTUAL PROPERTY DEVELOPMENT GROUP, LLC					
Principal Place of Business 510 W. BIRD STREET TAMPA, FL 33604			Mailing Address 510 W. BIRD STREET TAMPA, FL 33604		
2. Principal Place of Business 1302 W. SLIGH AVE		3. Mailing Address 1302 W. SLIGH AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 20-2885416	
Zip 33604		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, JEREMY 510 W. BIRD STREET TAMPA, FL 33604			7. Name and Address of New Registered Agent Name: JAMES A. JIMENEZ Street Address (P.O. Box Number is Not Acceptable): 1302 W. SLIGH AVE City: TAMPA FL Zip Code: 33604		
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, the registered agent. SIGNATURE: <u>James A. Jimenez</u> - JAMES A. JIMENEZ DATE: 3/24/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Empty Row]			PRESIDENT ARTHUR NORIEGA, IV 8837 CHADWICK DRIVE TAMPA, FL 33635		
[Empty Row]			CHIEF FINANCIAL OFFICER JAMES A JIMENEZ 1302 W. SLIGH AVE TAMPA, FL		
[Empty Row]			SECRETARY EDWARD T. JACKSON 6050 JETPORT BLVD TAMPA, FL 33634		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
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: <u>[Signature]</u>			Date: 3/24/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					