

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

04-06-2006 90300 032 *****50.00

30009467



01162006 Chg-LLC CR20061111051

4. Filing Fee: **47-0953318**

5. Credit Card Payment: ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENFIELD, WILLIAM R
2300 GLADES ROAD, SUITE 100E
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name: _____
Street Address (P.O. Box, etc.) _____
City: _____ **FL** _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent and agrees to pay the obligations of registered agent.

SIGNATURE: _____

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	☐ Delete
NAME	Greenfield, William R	
STREET ADDRESS	2300 Glades Rd, Ste 100E	
CITY, ST, ZIP	Boca Raton, FL 33431	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

10. ADDITIONAL OFFICERS

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 605, Florida Statutes. If the information is not true and accurate, as indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath by the filer. This information is not to be used for the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: William R. Greenfield **3/23/06** **561-392-6662**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/6/2006-90300-032-\$50.00-\$50.00

ATTACHMENT

30009467

DOCUMENT # L05000040132 1. Entity Name ILC EQUITY, LLC					
Principal Place of Business 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431			Mailing Address 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01162006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 47-0953318				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent GREENFIELD, WILLIAM R 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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.	
SIGNATURE _____ Signature by and for current owner or registered agent, and title of addressee (If registered agent is not the owner, the owner must also sign this statement.)					
Filing Fee is \$50.00 Due by May 3, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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: 		William R. Greenfield		3/23/06 561-392-6662	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					