ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000048283

1. Entity Name
IVY PROPERTIES LLC



FILED Apr 04, 2008 0 Secretary of

Principal Place of Business

2726 ANNETTE ST. FLAGLER BEACH, FL 32136 Mailing Address

PO BOX 2537

FLAGLER BEACH, FL 32136



02162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For NOT APPLICABLE Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KORBACH, KEVIN 2726 ANNETTE ST. FLAGLER BEACH, FL 32136

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,	,		IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of challons of registered agent.	anging its registered office	ce or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.		<u></u>	· · · · · · · · · · · · · · · · · · ·
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent sig	signalure required when reinstating) DATE
File After May	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U0000088148 9
9.	MANAGING MEMBERS/MANAGERS		04/16/08-80002-024 138 .7 5
TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE	MGRM KORBACH, KEVIN PO BOX 2537 FLAGLER BEACH, FL 32136		
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3/1 8/08 3/1 8/2/1	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP.		\$138.15	

11. I hereby certify that the information supplied with this filling 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

TITLE
NAME
STREET ADDRESS

Them Shotsh

3/18/08

1386) 439-2404

Date

Daytime Phone #