

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 23, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90056 012 \*\*\*\*50.00

**DOCUMENT # L05000052250**

1. Entity Name  
**SEQUENTIAL IPD, LLC**



Principal Place of Business  
**102 NE 2ND STREET, #254  
BOCA RATON, FL 33432**

Mailing Address  
**102 NE 2ND STREET, #254  
BOCA RATON, FL 33432**

**30008893**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

**20-2897501**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FORTENBERRY, KEITH  
1300 NE 4TH COURT  
BOCA RATON, FL 33432**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2008**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FORTENBERRY, KEITH  
1300 NE 4TH COURT  
BOCA RATON, FL 33432** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
FORTENBERRY, LORI  
1300 NE 4TH COURT  
BOCA RATON, FL 33432** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:**

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

**Keith N. Fortenberry**

**4-1-06**

**561-347-8148**

Date

Daytime Phone #

ATTACHMENT

May 18, 2006

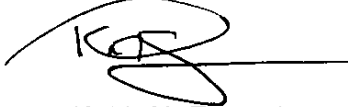
To: Division of Corporations  
Fr: Keith Fortenberry  
Re: Missing Information Request

30068893  
#105000052250

To Whom It May Concern:

Please note, I received the information request only yesterday and request that any penalty be waived for receipt by you of my response in excess of the specified 30 day period.

Thank you,



Keith N. Fortenberry  
President  
Sequential IPD