
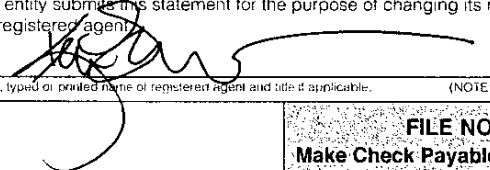
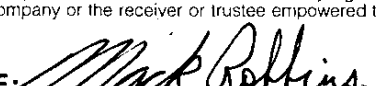


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90020 012 ****50.00

DOCUMENT # L05000056379 1. Entity Name THE IRONWOOD GROUP, L.L.C.						
Principal Place of Business P.O. BOX 112470 NAPLES FL 34108			Mailing Address P.O. BOX 112470 NAPLES FL 34108			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0745059		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent TORRES-ALVARADO, NATLY KNOTT CONSOER EBELINI HART & SWETT, P.A. 1625 HENDRY STREET, 3RD FLOOR FORT MYERS FL 33902				7. Name and Address of New Registered Agent Name Kevin C. Coleman, Esq. Street Address (P.O. Box Number is Not Acceptable) 4001 Tamiami Trail North, Suite 300 City Naples		
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  (NOTE: Registered Agent signature required when removing) DATE						
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006						
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EWING, ANDREW J			NAME		
STREET ADDRESS	P.O. BOX 112470			STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108			CITY-ST-ZIP		
TITLE	MGRM <input checked="" type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FENTRESS, ANTHONY			NAME		
STREET ADDRESS	P.O. BOX 112470			STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108			CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBBINS, MACK			NAME		
STREET ADDRESS	P.O. BOX 112470			STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Section 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:  2/7/06						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #						