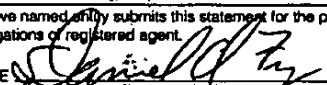
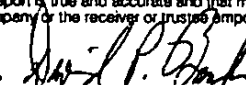


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

03-29-2006 90022 038 ****50.00

DOCUMENT # L05000069668					
1. Entity Name IBIS PLAN SERVICES, LLC					
Principal Place of Business 1211 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442-7632			Mailing Address 1211 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442-7632		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01042008 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-3215219				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOFFMAN, FREDRIC A 9400 S. DADELAND BOULEVARD, SUITE 600 MIAMI, FL 33156			Name DANIEL O. FRAZIN		
			Street Address (P.O. Box Number is Not Acceptable)		
			1211 SOUTH MILITARY TRAIL		
			City DEERFIELD BEACH FL Zip Code 33442		
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 		DANIEL O. FRAZIN		VP 3/21/06	
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	☐ Delete	TITLE	☐ Change ☐ Addition	MGR	
NAME		NAME		DAVID P. BANKS	
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP		1211 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS CITY - ST - ZIP		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 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: 		DAVID P. BANKS		3/21/06 954 480-2611	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					