

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90077 044 ***138.75

60008931



01042008 Chg-LLC CR2E083 (12/06)

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
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2. Principal Place of Business - No P.O. Box # 1211 S. Military Trail		3. Mailing Address 1211 S. Military Trail	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Deerfield Beach, FL		City & State Deerfield Beach, FL	
Zip 33442-7632	Country USA	Zip 33442-7632	Country USA

6. Name and Address of Current Registered Agent FRAZIN, DANIEL O 1211 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name <u>Frazin, Daniel O.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1211 S. Military Trail</u> <u>Suite 200</u> City <u>Deerfield Beach</u> <u>FL</u> Zip Code <u>33442</u>	
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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] DANIEL O. FRAZIN 2-14-08
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to: Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BANKS, DAVID P 1211 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Banks, David P. 1211 S. Military Trail Suite 200 Deerfield Beach, FL 33442-7632 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] DAVID P. BANKS 2-14-08 954 480 2611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #