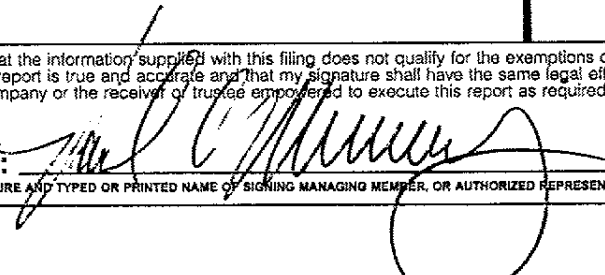


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000080713		
1. Entity Name IFP LLC		
Principal Place of Business C/O PAUL A. MURRAY, P.A. 5667 NAPLES BLVD NAPLES, FL 34109	Mailing Address C/O PAUL A. MURRAY, P.A. 5667 NAPLES BLVD NAPLES, FL 34109	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MURRAY, PAUL A P.A. 5667 NAPLES BLVD NAPLES, FL 34109		DO NOT WRITE IN THIS SPACE
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 September 14, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FISCHER, JR., VERLYN W 1150 WINDSWEPT AVENUE NAPLES, FL 34109	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME 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: 		7-3-07 (239) 596-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #



07032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3347551	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

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07/10/07-80013-025 50.00