2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L05000080713

Entity Name: IFP LLC

Current Principal Place of Business:

1150 WINDSWEPT AVENUE
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

1150 WINDSWEPT AVENUE
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-3347551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURRAY, PAUL A P.A.
5667 NAPLES BLVD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	FISCHER, JR., VERLYN W	
Address:	1150 WINDSWEPT AVENUE	
City-St-Zip:	NAPLES, FL 34109	
Title:	MGRM	( ) Delete
Name:	TRASK, KENNETH N	
Address:	356 SHARWOOD DRIVE	
City-St-Zip:	NAPLES, FL 34110	
Title:	MGRM	( ) Delete
Name:	GOEHLER, JAMES L	
Address:	195 MONTEREY DRIVE	
City-St-Zip:	NAPLES, FL 34119	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES L. GOEHLER MGRM 04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date