

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

DOCUMENT # L05000082388

1. Entity Name

IALP, LLC



**FILED  
Apr 27, 2006 8:00 am  
Secretary of State**

04-27-2006 90022 039 \*\*\*\*50.00



1st MOORE CR2E083 (10/05)

Principal Place of Business		Mailing Address	
160 SOUTH UNIVERSITY DRIVE SUITE D PLANTATION FL 33317		160 SOUTH UNIVERSITY DRIVE SUITE D PLANTATION FL 33317	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
20-3339060	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAPORELLA, NICK JR. 160 SOUTH UNIVERSITY DRIVE SUITE D PLANTATION FL 33317		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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.

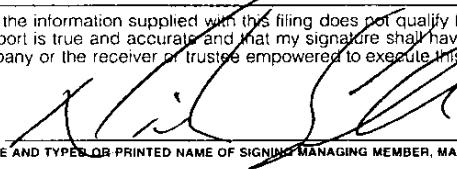
SIGNATURE \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when changing)

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	MGR	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPORELLA, NICK JR.		
STREET ADDRESS	160 SOUTH UNIVERSITY DRIVE, SUITE D		
CITY-ST-ZIP	PLANTATION FL 33317		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
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TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 

Nick Caporella, Jr. 4/14/06 954-452-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9299