

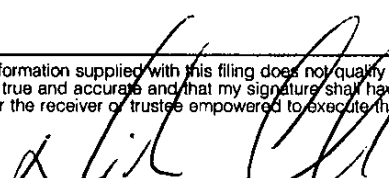


FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000082388 1. Entity Name IALP, LLC				Apr 16, 2007 / 08:00 A Secretary of State	
Principal Place of Business 160 SOUTH UNIVERSITY DRIVE SUITE D PLANTATION, FL 33317		Mailing Address 160 SOUTH UNIVERSITY DRIVE SUITE D PLANTATION, FL 33317			
<p style="font-size: 2em;">DO NOT WRITE IN THIS SPACE</p>				 04032007No Chg-LLC CR2E083 (11/05)	
				4. FEI Number 20-3339060	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPORELLA, NICK JR. 160 SOUTH UNIVERSITY DRIVE SUITE D PLANTATION, FL 33317			<p style="font-size: 2em;">DO NOT WRITE IN THIS SPACE</p>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			<p style="font-size: 2em;">DO NOT WRITE IN THIS SPACE</p> <p style="margin-top: 100px;">U000000711744 04/26/07-80020-002 50.00</p>		
TITLE	MGR				
NAME	CAPORELLA, NICK JR.				
STREET ADDRESS	160 SOUTH UNIVERSITY DRIVE, SUITE D				
CITY-ST-ZIP	PLANTATION, FL 33317				
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: 			Nick A. Caporella, Jr. 4/4/07 954-452		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		