


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # L05000082865 1. Entity Name IRELAND & GRUETZMANN, LLC	
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Principal Place of Business 385 ORANGE AVENUE MARATHON, FL 33050 US	Mailing Address 385 ORANGE AVENUE MARATHON, FL 33050 US
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DO NOT WRITE IN THIS SPACE



04022007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2902013	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

**IRELAND, HILDEGARD F
385 ORANGE AVENUE
MARATHON, FL 33050**

**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: Hildegard F. Ireland HILDEGARD F. IRELAND 4/3/07
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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRELAND, HILDEGARD F 385 ORANGE AVENUE MARATHON, FL 33050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRUETZMANN, KARL 114 E. SYRACUSE DRIVE WILDWOOD CREST, NJ 08280
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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: Hildegard F. Ireland HILDEGARD F. IRELAND 4/3/07 305-289-0708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #