


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90022 023 \*\*\*\*50.00

<b>DOCUMENT # L05000087808</b> 1. Entity Name IP GENESIS, LLC					
Principal Place of Business 9960 CENTRAL PARK BOULEVARD, SOUTH SUITE 301 BOCA RATON, FL 33428			Mailing Address 9960 CENTRAL PARK BOULEVARD, SOUTH SUITE 301 BOCA RATON, FL 33428		
2. Principal Place of Business <i>9970 Central Park Blvd</i> Suite, Apt. #, etc. <i>200</i>		3. Mailing Address <i>9970 Central Park Blvd</i> Suite, Apt. #, etc. <i>200</i>			
City & State <i>Boca Raton FL</i>		City & State <i>Boca Raton FL</i>			
Zip <i>33428</i>		Country <i>USA</i>		4. FEI Number 04252006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  GREENBERG & STRELITZ, P.A. 4800 N. FEDERAL HWY. SUITE 304D BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FUHR, ALLAN H 9960 CENTRAL PARK BLVD, SOUTH, STE 301 BOCA RATON, FL 33428		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>9970 Central Park Blvd Ste 200</i> <i>Boca Raton FL 33428</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 606, Florida Statutes.					
<b>SIGNATURE</b> <i>[Signature]</i>			<i>Allen H. Fyhr</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <i>4/25/06</i> Daytime Phone # <i>561-852-0307</i>		