

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90184 046 ****50.00

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04062007 Chg-LLC CR2E083 (12/06)

| | | | | | |
|--|---------------------------|---|--|--|--|
| DOCUMENT # L05000096817 1. Entity Name IE INVESTMENTS, LLC | | | | | |
| Principal Place of Business 3704 GEORGIA AVE WEST PALM BEACH, FL 33405 | | | Mailing Address 3704 GEORGIA AVE WEST PALM BEACH, FL 33405 | | |
| 2. Principal Place of Business - No P.O. Box # 2172 N. MILITARY TRAIL Suite, Apt. #, etc. | | 3. Mailing Address 2172 N. MILITARY TRAIL Suite, Apt. #, etc. | | | |
| City & State WEST PALM BEACH, FL Zip 33409 | | City & State WEST PALM BEACH, FL Zip 33409 | | 4. FEI Number 20-3554871 Applied For <input type="checkbox"/> Not Applicable | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SMITH, JENNIFER D 3704 GEORGIA AVE WEST PALM BEACH, FL 33405 | | | 7. Name and Address of New Registered Agent Name JENNIFER D SMITH Street Address (P.O. Box Number is Not Acceptable) 4849 Sable Pine Circle A1 City WEST PALM BEACH FL Zip Code 33417 | | |
| 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 DATE 4-6-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SMITH, JEREMY B | | NAME | | |
| STREET ADDRESS | 3704 GEORGIA AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33405 | | CITY-ST-ZIP | | |
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SMITH, JENNIFER D | | NAME | | |
| STREET ADDRESS | 3704 GEORGIA AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33405 | | CITY-ST-ZIP | | |
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| STREET ADDRESS | | | STREET ADDRESS | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: MGR | | | DATE: 4-6-07 DAYTIME PHONE: (561) 352-3717 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |