FILED
May 30, 2006 8:00 am
Secretary of State

05-01-2006 90076 043 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000096839

1. Entity Name
IVANHOE ORMOND, LLC

30009218

Principal Place of Business	Mailing Address
444 SEABREEZE BLVD SUITE 200 DAYTONA BEACH, FL 32118	444 SEABREEZE BLVD SUITE 200 DAYTONA BEACH, FL 32118

01062006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
205 S. Atlantic Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ormond Beach FL		City & State	
Zip: 32176	Country	Zip	Country

4. FEI Number 20-3567353 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BHOOLAS MANOJ A
444 SEABREEZE BLVD SUITE 200
DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent

Name: Bhoola, Manoj A
Street Address (P.O. Box Number is Not Acceptable): 444 Seabreeze Blvd. Suite 200
City: Daytona Beach FL Zip Code: 32118

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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: Bhoola, Manoj A. STREET ADDRESS: 444 Seabreeze Blvd Suite 200 CITY ST ZIP: Daytona Beach, FL 32118	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Mgrm NAME: Bhoola, Snehal STREET ADDRESS: 444 Seabreeze Blvd Suite 200 CITY ST ZIP: Daytona Beach FL 32118	☐ Change ☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE: ______________________ 1/23/06 255-2577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #