

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90153 006 ****50.00

DOCUMENT # L05000096839 1. Entity Name IVANHOE ORMOND, LLC					
Principal Place of Business 205 S. ATLANTIC AVE. ORMOND BEACH, FL 32176			Mailing Address 444 SEABREEZE BLVD SUITE 200 DAYTONA BEACH, FL 32118		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address 45 Seton Trail Suite, Apt. #, etc.		
City & State Ormond Beach FL			4. FEI Number 20-3567353		
Zip 32176			Country 		
6. Name and Address of Current Registered Agent BHOOLA, 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) 45 Seton Trail City Ormond Beach FL Zip Code 32176		
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				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BHOOLA, MANOJ A 444 SEABREEZE BLVD SUITE 200 DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bhoola, MANOJ 45 Seton Trail Ormond Beach, FL 32176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BHOOLA, SNEHAL 444 SEABREEZE BLVD SUITE 200 DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bhoola, Sangeeta 45 Seton Trail Ormond Beach, FL 32176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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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 608, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date Daytime Phone #</small>					

60024357



03062007 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

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