2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

DOCUMENT # L05000097083 1. Entity Name IGH 1528 MAIN, LLC					05-02-2007 90341 019 ****50.00			
Principal Plac	e of Business	Mailing Address						
47 S. PALM AVENUE		C/O-WILLIAM-M. SEIDER						
SARASOTA, FL 34236		2 00 SOUTH ORANGE AVENUE			:			
		S arasota, FL 34236		1 198 11811 8	I Brist B riik Brist Brist Tr i	 	12 DE 111 DE	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 667						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State 13ryan OH		4. FEI Numb	er PPLICABLE	 	oplied For ot Applicable	
Zip	Country	_{Zip} 3 ЧЗSОЬ	Country USA	5. Certificate	of Status Desired	□ \$5.00 Add Fee Require		
	6. Name and Address of Current		10011	7. Name and	Address of New R	<u> </u>		
				,				
SEIDER, WILLIAM M			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
200 SOUTH ORANGE AVENUE SARASOTA, FL ∹34236				<u> </u>		<u></u>		
			City			7.0.2		
			City		FL Zip Code			
	named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered office or re	egistered agent, or bo	th, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature	required when reinstating)		DATE	.	
Filing Fee is \$50.00 Due by May 1, 2007								
						te check payable to a Department of State		
	ue by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.			a Department of State	•	
9.	ue by May 1, 2007 MANAGING MEMBE MGR	☐ Delete	TITLE		Florida	a Department of State	e Addition	
9. TITLE NAME	MANAGING MEMBE MGR ISAAC INVESTMENTS, INC., AN	☐ Delete	TITLE NAME		Florida	CHANGES		
9.	ue by May 1, 2007 MANAGING MEMBE MGR	☐ Delete	TITLE		Florida	CHANGES		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR ISAAC INVESTMENTS, INC., AN 715 PERRY STREET	☐ Delete OHIO CORP.	TITLE NAME STREET ADDRESS		Florida	a Department of State /CHANGES Change		
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Horida 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:

Mahan

4-19-07

4196361108

ZED REPRESENTATIVE

Daytime Phone #