

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098211

**FILED**  
**Feb 24, 2006**  
**Secretary of State**

**Entity Name:** INSTITUTIONAL PRODUCTS SALES, LLC

**Current Principal Place of Business:**

3720 NW 43RD STREET  
STE. 100  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

113 EAST CALL STREET  
STE F  
STARKE, FL 32091

**Current Mailing Address:**

3720 NW 43RD STREET  
STE. 100  
GAINESVILLE, FL 32606

**New Mailing Address:**

POST OFFICE BOX 246  
STARKE, FL 32091

**FEI Number:** 01-0847914

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUGGER, EDWARD L  
3720 NW 43RD STREET  
STE. 100  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

HOCTER, MARGARET K  
113 EAST CALL STREET  
STE F  
STARKE, FL 32091 US

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.

**SIGNATURE:** MARGARET K. HOCTER

02/24/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** DUGGER, EDWARD L  
**Address:** 3720 NW43RD STREET  
**City-St-Zip:** GAINESVILLE, FL 32606

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** HOCTER, MARGARET K  
**Address:** 113 EAST CALL STREET, STE F  
**City-St-Zip:** STARKE, FL 32091

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** MARGARET K. HOCTER

MGRM

02/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date