


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # L05000100097 1. Entity Name INSTITUTE FOR IMMERSIVE VISUALIZATION, LLC	
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Principal Place of Business 800 MEADOWS ROAD BOCA RATON, FL 33486	Mailing Address <i>C/O Paul E. Risner</i> 800 MEADOWS ROAD BOCA RATON, FL 33486
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DO NOT WRITE IN THIS SPACE



04042007No Chg-LLC CR2E083 (11/05)

4. FEI Number 33-1136679	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

RISNER, PAUL E ESQ
800 MEADOWS ROAD
BOCA RATON, FL 33486

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EUGENE M. AND CHRISTINE E. LYNN CLINICAL R 800 MEADOWS ROAD BOCA RATON, FL 33486
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05/02/07-80088-002 55.00

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: *Paul E. Risner* *Secretary* 4/9/07 (500) 955-4288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #