


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90066 002 ***143.75

DOCUMENT # L05000100097	
1. Entity Name INSTITUTE FOR IMMERSIVE VISUALIZATION, LLC	

Principal Place of Business 800 MEADOWS ROAD BOCA RATON, FL 33486	Mailing Address 800 MEADOWS ROAD BOCA RATON, FL 33486
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60007649

2. Principal Place of Business - No P.O. Box #		3. Mailing Address 410 ANDRE SUSLA, Esq 800 MEADOWS ROAD BOCA RATON, FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
33486	USA	33486	USA

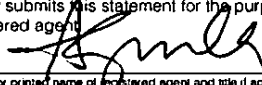


01242008 Chg-LLC CR2E083 (12/06)

4. FEI Number 33-1136679	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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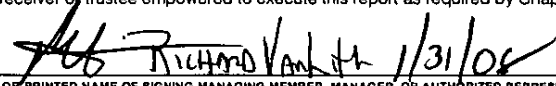
6. Name and Address of Current Registered Agent RISNER, PAUL E ESQ 800 MEADOWS ROAD BOCA RATON, FL 33486		7. Name and Address of New Registered Agent Name ANDRE SUSLA, Esq Street Address (P.O. Box Number is Not Acceptable) 800 MEADOWS ROAD City BOCA RATON FL 33486	
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8. 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 	DATE 1-28-08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EUGENE M. AND CHRISTINE E. LYNN CLINICAL R 800 MEADOWS ROAD BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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: 	Date 1/31/08	Daytime Phone # (561) 955-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		