## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

## **FILED** Feb 01, 2008 08:00 AN Secretary of State DOCUMENT # L05000115136 1. Emily Name **IVOSS PROPERTIES LLC** Principal Place of Business Mailing Address 8675 THOUSAND PINES DR. 8675 THOUSAND PINES DR. W. PALM BEACH FL 33411 W. PALM BEACH FL 33411 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Aut. #. etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VOSS, DIANE Street Address (P.O. Box Number is Not Acceptable) 8675 THOUSAND PINES DR. W. PALM BEACH FL 33411 City Z<sub>1</sub>p Code 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, typed or enhied name of registered agent and title if expussible INOTE Registered (upont signature required when re-nerating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR Addition THUE ☐ Delete TITLE ☐ Change VOSS, DIANE NAME NAME 000000811262 02/11/08-80019-017 138.75 STREET ADDRESS 8675 THOUSAN PINES DR. STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL 33411 CITY-ST-ZiE TITLE ☐ Delete TOTALE ☐ Chaone ☐ Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - Z:P Change ☐ Delete TITLE Addition THE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY+ST-ZIP [ Change Addition Delete TITLE T: THE NAME NAME STREET ADDRESS STREET ALIDEESS CITY- ST - Z:P CHY-ST-ZIP TITLE Delate TITLE Change Addition

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY - ST- Z:P

NAME STREET ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY - ST - ZIP

1/30/05

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