


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90073 050 ***138.75

DOCUMENT # L06000007751	
1. Entity Name I-BIZ, LLC	

Principal Place of Business 127 HEARTHSIDE ROAD STANDISH, ME 04084 US	Mailing Address P.O. BOX 1264 WINDHAM, ME 04062 US
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DO NOT WRITE IN THIS SPACE

60008076



01302008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4185238	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

BRYAN, CHERYL L
 1455 SW SILVER PINE WAY 106 DI
 PALM CITY, FL 34990

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 _____

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRYAN, DEAN D <i>119 Hearthside Rd.</i> <i>Standish, Me. 04084</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRYAN, CHERYL L 1455 SW SILVER PINE WAY SUITE 106D-1 PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Dean D Bryan* *2/14/08*

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