## **2008 LIMITED LIABILITY COMPANY**

## FILED Jan 14, 2008 8:00 am Secretary of State

ANNUAL REPURI					Secretary of State			
DOCUMENT # L06000008024					01-14-2008 90044 006 ***138.75			
1. Entity Nam								
IEXAS 1	2405, LLC							
			1					
Principal Plac	e of Business	Mailing Address	<u> </u>			6000127	11	
	OOD AVENUE	118 LONGWOOD AVENUE	E			PAAATE		
LAKEWAY, TX	X 78734	LAKEWAY, TX 78734						
2. Principal P	Place of Business (No P.O. Box #	3. Mailing Address 5 10th 5/4/		9		<b>ii</b> iii <b>i</b> iiii <b>(i</b> iii <b>ii</b> iii iiii		
CAPE	CORAL FL.	Suite, Apt. #, etc.	AL, FL	,	01092008	Chg-LLC	CR2E083 (12/	J6)
City & Stat	e	City & State		] •	<ol> <li>FEI Numbe</li> <li>20-4166</li> </ol>			Applied For Not Applicable
Zip 33	Country Country	Zipa o AA a	Country	- +			- \$5.00	Additional
22		33990	1154			of Status Desired	Fee Rec	
6. Name and Address of Current Registered Agent				- 7	7. Name and	Address of New R	egistered Agent	
KEDEM, ILAN							***	
	0TH ST #1		Street A	Street Address (P.O. Box Number is Not Acceptable)				
CAPE CORAL, FL 33990								
			City	FL Zip Code				
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered office or	registered	agent, or both	n, in the State of Flo	orida. I am familiar v	vith, and accept
_	tions of registered agent.	/					1-8-08	
SIGNATURE .	Signature, typed corinted name of registered agent	and title if applicable. (NOTE.)	Registered Agent signati	ure required wh	nen reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1; 2008 Fee will be \$538.75							e check payable a Department of S	
	P. Alexander			_			,	
9.	MANAGING MEMBE		10.			ADDITIONS/		
TITLE NAME	MGR ESTRADA, ANGELA S	☐ Delete				7.0011101107		
1			TITLE				[22 Char	nge 🔲 Addition
STREET ADDRESS	118,LONGWOOD AVENUE		NAME STREET ADDRESS	142.	3 SE		[22 Char	nge 🔲 Addition
CITY-ST-ZIP	2. "		NAME	142. CAF	3 SE PE COR		[22 Char	nge Addition
CITY-ST-ZIP	118,LONGWOOD AVENUE	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	142 CAF	3 SE PE COR	10th 55, 3	[22 Char	
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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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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

Delete

Daytime Phone #

☐ Change

☐ Addition