

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020969

Entity Name: IVR CONCEPTS, LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

600 SOUTH DIXIE HIGHWAY, SUITE 202
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

600 SOUTH DIXIE HIGHWAY, SUITE 202
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 20-4382791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUROFF, MARK
600 SOUTH DIXIE HIGHWAY
SUITE 202
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

ZUROFF, GERI P.R.
600 SOUTH DIXIE HIGHWAY
SUITE 202
BOCA RATON, FL 33432 US

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.

SIGNATURE: GERI ZUROFF, P.R.

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZUROFF, MARK
Address: 600 SOUTH DIXIE HIGHWAY, SUITE 202
City-St-Zip: BOCA RATON, FL 33432

Title: MGR (X) Delete
Name: ZUROFF, GERI
Address: 600 SOUTH DIXIE HIGHWAY, SUITE 202
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: P.R. (X) Change () Addition
Name: ZUROFF, GERI P.R.
Address: 600 SOUTH DIXIE HIGHWAY, SUITE 202
City-St-Zip: BOCA RATON, FL 33432

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GERI ZUROFF, P.R.

P.R.

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date