## " 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

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

## May 14, 2007 8:00 am Secretary of State **DOCUMENT # L06000037271** 05-14-2007 90369 001 \*\*\*\*50.00 IBD-USA, LLC Mailing Address Principal Place of Business 40220-9421 TRADEPORT DRIVE 9421 TRADEPORT DRIVE ORLANDO, FL 32827 US ORLANDO, FL 32827 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2238 Winter Wools Bly 2238 Winter Woods Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (12/06) 05022007 Chg-LLC Winter Paule City &, State 4. FEI Number Applied For FC Winter Park FL Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 32792 eminole Fee Required Row role 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANEY & GORDON, P.A. Street Address (P.O. Box Number is Not Acceptable) 9421 TRADEPORT DRIVE ORLANDO, FL 32827 City Zip 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 Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by September 14, 2007 Fiorida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Delete MGR ☐ Change David S. Warr 1031 A club Sylvan Dr. JACKSON, KEVIN R NAME NAME 98 HOLLYTREES, BAR HILL STREET ADDRESS STREET ADDRESS CAMBRIDGE, -- CB3 8SG CITY-ST-ZIP Fi 32825 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition WATSON, DAVID NAME NAME STREET ADDRESS 6 SHEPHERDS LANE, GREETHAM STREET ADDRESS RUTLAND, -- LE15 7NX CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED



To Whom It May Concern,

Enclosed is the 2007 Liability Company Limited Report IBD-USA LLC and our check for \$50. As noted on the form our attorney office was the principal place of business, mailing address, and registered agent. Obviously he had received the notice and did not notify me.

Please do accept this as filing timely and abate any penalties. Thank you for your time, I may be reached at 407-435-8415 for any further questions.

Very Truly Yours,

David Warr MIEX.LAE
Executive Vice President