## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L06000040847** FILED 1. Entity Name **IRP 1203, LLC** Jul 23, 2008 08:00 AM **Secretary of State** Principal Place of Business Mailing Address 4417 SW LONG BAY DRIVE 4417 SW LONG BAY DRIVE PALM CITY, FL 34990 PALM CITY, FL 34990 07202008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-4746001 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAKINOWSKI, MELISSA DO NOT WRITE 4417 SW LONG BAY DRIVE PALM CITY, FL 34990 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when reinstating) <del>U00000956129</del> 07/23/08-80004-016 138.75 FILE NOW!!! FEE IS \$138.75 in accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Due by September 12, 2008 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME BAKINOWSKI, MELISSA 4417 SW LONG BAY DRIVE STREET ADORESS CITY-ST-ZIP PALM CITY, FL 34990 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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.

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