

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056988

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** IR BUILDING CONSULTANTS, LLC

**Current Principal Place of Business:**

721 A1A BEACH BLVD.  
SUITE 7  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

**Current Mailing Address:**

721 A1A BEACH BLVD.  
SUITE 7  
ST. AUGUSTINE, FL 32080 US

**New Mailing Address:**

**FEI Number:** 20-4981465      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROWE, SHAWN B  
492 OCEAN FOREST DR.  
ST. AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

ROWE, SHAWN B  
890 A1A BEACH BLVD.  
#29  
ST. AUGUSTINE, FL 32080 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: SHAWN B. ROWE

03/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROWE, SHAWN B  
Address: 492 OCEAN FOREST DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROWE, SHAWN B  
Address: 890 A1A BEACH BLVD., #29  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

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: SHAWN B. ROWE

MGR

03/20/2009

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