


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90111 045 \*\*\*\*50.00

<b>DOCUMENT # L06000090338</b> 1. Entity Name ILS HOLDINGS, LLC					
Principal Place of Business 101 S STATE ROAD 7 STE 201 HOLLYWOOD, FL 33023			Mailing Address 101 S STATE ROAD 7 STE 201 HOLLYWOOD, FL 33023		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04232007    Chg-LLC    CR2E083 (12/06)	
Zip		Country		4. FEI Number <b>33-1146871</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  RODICIO, SERGIO 101 S STATE ROAD 7 STE 201 HOLLYWOOD, FL 33023				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when remaking) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ILS TRUST 101 S STATE ROAD 7 STE 201 HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ILS TRUST 101 S STATE ROAD 7 STE 201 HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ILS TRUST 101 S STATE ROAD 7 STE 201 HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ILS TRUST 101 S STATE ROAD 7 STE 201 HOLLYWOOD, FL 33023	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: X</b>		04/30/07    954-985-3827			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

SILVIO BEN-SHUEL