

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090932

Entity Name: IBS INVESTMENTS, LLC

FILED  
Apr 13, 2009  
Secretary of State

**Current Principal Place of Business:**

402 NORTH LAKESIDE DRIVE  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

402 NORTH LAKESIDE DRIVE  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

FEI Number: 51-0639380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROZ, JOHN J  
402 NORTH LAKESIDE DRIVE  
LAKE WORTH, FL FL US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BROZ, JOHN J  
Address: 402 NORTH LAKESIDE DRIVE  
City-St-Zip: LAKE WORTH, FL 33460 US

Title: MGRM ( ) Delete  
Name: BROZ, JEFFREY J  
Address: 11413 W SPRING HOLLOW DR  
City-St-Zip: TAMPA, FL 33635

Title: MGRM ( ) Delete  
Name: SCHOTT, THOMAS  
Address: 5317 5TH AVENUE 32  
City-St-Zip: PITTSBURGH, PA 15232

**ADDITIONS/CHANGES:**

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

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

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: JOHN J. BROZ, SR.

MGRM

04/13/2009

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