

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093980

Entity Name: I.E.I. LLC

FILED  
Apr 26, 2007  
Secretary of State

**Current Principal Place of Business:**

7803 BLUE SPRING DRIVE,  
LAND O LAKES,, FL 34639

**New Principal Place of Business:**

7803 BLUE SPRING DRIVE,  
LAND O LAKES,, FL 34639 US

**Current Mailing Address:**

7803 BLUE SPRING DRIVE,  
LAND O LAKES,, FL 34639

**New Mailing Address:**

7803 BLUE SPRING DRIVE,  
LAND O LAKES,, FL 34639 US

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PKWY  
STE. 300  
TAMPA, FL 33637 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:                      MGR                      ( ) Delete  
Name:                      ISIDORE, STEPHEN K.M  
Address:                      THE MORNE  
City-St-Zip:                      ST. JOSEPH, DOMINICA, XX XX

**ADDITIONS/CHANGES:**

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: ISIDORE, STEPHEN K.M.                      MGR                      04/26/2007

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