

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000045236

**FILED**  
**Jan 08, 2008**  
**Secretary of State**

**Entity Name:** IPVESTMENT LLC

**Current Principal Place of Business:**

5274 NW 64 ST  
OCALA, FL 34482

**New Principal Place of Business:**

**Current Mailing Address:**

5274 NW 64 ST  
OCALA, FL 34482

**New Mailing Address:**

FEI Number: 20-8777410      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

AZAM, FARUK  
5274 NW 64 ST  
OCALA, FL 34482      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: AZAM, FARUK  
Address: 5274 NW 64 ST  
City-St-Zip: Ocala, FL 34482 US

Title: MGRM      ( ) Delete  
Name: AZAM, DESIREE  
Address: 5274 NW 64 ST  
City-St-Zip: Ocala, FL 34482 US

**ADDITIONS/CHANGES:**

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: FARUK AZAM

MGRM

01/08/2008

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