

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059136

Entity Name: FINANCING BY IAM, LLC

FILED  
Apr 07, 2009  
Secretary of State

**Current Principal Place of Business:**

2775 E OAKLAND PARK BLVD STE 10  
FT LAUDERDALE, FL 33306

**New Principal Place of Business:**

**Current Mailing Address:**

2775 E OAKLAND PARK BLVD STE 10  
FT LAUDERDALE, FL 33306

**New Mailing Address:**

FEI Number: 26-0311695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CROCKETT, HELENE  
2727 E OAKLAND PARK BLVD STE 10  
FT LAUDERDALE, FL 33306 US

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

KRAAZ, SR., HANS  
4321 GATOR TRACE DRIVE  
FT. PIERCE, FL 34982 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: HANS KRAAZ, SR.

04/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KRAAZ, SR, HANS  
Address: 4321 GATOR TRACE DR  
City-St-Zip: FORT PIERCE, FL 34982

Title: MGRM ( ) Delete  
Name: CROCKETT, HELENE  
Address: 2157 CORAL GARDENS DR  
City-St-Zip: FORT LAUDERDALE, FL 33306

**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: HANS KRAAZ, SR.

MGRM

04/07/2009

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