


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90102 024 \*\*\*138.75

<b>DOCUMENT # L07000070971</b>	
1. Entity Name <b>IRS OF NW FL, LLC</b>	

Principal Place of Business <b>9070 PASADENA STREET PENSACOLA FL 32534 US</b>	Mailing Address <b>9070 PASADENA STREET PENSACOLA FL 32534 US</b>
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2. Principal Place of Business - No P.O. Box # <b>9070 PASADENA ST</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b>PENSACOLA FL</b>	Suite, Apt. #, etc.
City & State	City & State
Zip <b>32534</b>	Country <b>USA</b>

1st MOORE CR2E083 (10/07)

4. FEI Number <b>01-0903894</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>TARVER, RALPH L 9070 PASADENA STREET PENSACOLA FL 32534</b>	
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7. Name and Address of New Registered Agent Name <b>SAME</b>	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> 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 <i>Susan B. Bishop-Stapleton</i>	<b>SUSAN B. BISHOP-STAPLETON 2/15/08</b>

<p><b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008, Fee Will Be \$538.75</b> <b>Make Check Payable to Florida Department of State</b></p>	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>MGR TARVER, RALPH L 9070 PASADENA STREET PENSACOLA FL 32534</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>MGRM BISHOP-STAPLETON, SUSAN B 9070 PASADENA STREET PENSACOLA FL 32534</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: <i>Susan B. Bishop-Stapleton</i>	<b>2/15/08</b>	<b>850-712-2368</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		