2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008
Secretary of State

DOCUMENT# L07000097454

Entity Name: I PROMISE, LLC

Current Principal Place of Business:

3029 N.E. 188TH STREET, #304
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

3029 N.E. 188TH STREET, #304
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 38-3767059 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FIORI, MARGUERITE
3029 N.E. 188TH STREET, #304
AVENTURA, FL 33180 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:	FIORI, MARGUERITE	
Address:	3029 N.E. 188TH STREET, #304	
City-St-Zip:	AVENTURA, FL 33180 US	
Title:	MGRM	( ) Delete
Name:	FIORI, VINCENT	
Address:	3029 N.E. 188TH STREET, #304	
City-St-Zip:	AVENTURA, FL 33180 US	
Title:	MGRM	(X) Delete
Name:	BHATIA, VIJAY M	
Address:	3029 N.E. 188TH STREET, #304	
City-St-Zip:	AVENTURA, FL 33180 US	
Title:	MGRM	( ) Delete
Name:	GARCIA, PETER	
Address:	3029 N.E. 188TH STREET, #304	
City-St-Zip:	AVENTURA, FL 33180 US	
Title:	MGRM	( ) Delete
Name:	FARR, NORA	
Address:	3029 N.E. 188TH STREET, #304	
City-St-Zip:	AVENTURA, FL 33180 US	
Title:	MGRM	( ) Delete
Name:	SHULER, VANESSA	
Address:	3029 N.E. 188TH STREET, #304	
City-St-Zip:	AVENTURA, FL 33180 US	

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:	
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: MARGUERITE FIORI PRES 05/07/2008

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