

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100969

Entity Name: IFRE HOLDINGS, LLC

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

40 SE 5TH STREET
SUITE 502
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 811299
BOCA RATON, FL 33481

New Mailing Address:

FEI Number: 26-1180576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEANTO, BARRY S
40 SE 5TH STREET
SUITE 502
BOCA RATON, FL 33481 US

Name and Address of New Registered Agent:

DEANTO, BARRY S
40 SE 5TH STREET
SUITE 502
BOCA RATON, FL 33432 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:

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BSD MANAGEMENT, LLC,
Address: 40 SE 5TH STREET, SUITE 502
City-St-Zip: BOCA RATON, FL 33481

Title: MGR () Delete
Name: CHARMS LLC,
Address: 40 SE 5TH STREET, SUITE 502
City-St-Zip: BOCA RATON, FL 33481

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BSD MANAGEMENT, LLC,
Address: 40 SE 5TH STREET, SUITE 502
City-St-Zip: BOCA RATON, FL 33432

Title: MGR (X) Change () Addition
Name: CHARMS LLC,
Address: 40 SE 5TH STREET, SUITE 502
City-St-Zip: BOCA RATON, FL 33432

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: BARRY DEANTO

MGR

01/04/2008

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