

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110363

Entity Name: IAP GP, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

5446 NORTH BAY ROAD
MIAMI BEACH, FL 33140

New Principal Place of Business:

701 SW 27 AVE
SUITE 701
MIAMI, FL 33135

Current Mailing Address:

PO BOX 402097
MIAMI BEACH, FL 33140

New Mailing Address:

701 SW 27 AVE
SUITE 701
MIAMI, FL 33135

FEI Number: 30-0467465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOTTMANN, JACK
5446 NORTH BAY ROAD
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

GLOTTMANN, JACK
701 SW 27 AVE
SUITE 701
MIAMI, FL 33135 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:

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DPS () Change (X) Addition
Name: GLOTTMANN, JACK
Address: 701 SW 27 AVE SUITE 701
City-St-Zip: MIAMI, FL 33135

Title: DS () Change (X) Addition
Name: GLOTTMANN, LINDA
Address: 701 SW 27 AVE SUITE 701
City-St-Zip: MIAMI, FL 33135

Title: D () Change (X) Addition
Name: GOTTMANN, DEBORAH
Address: 701 SW 27 AVE SUITE 701
City-St-Zip: MIAMI, FL 33135

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: JACK GLOTTMANN

DPS

04/28/2008

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