

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110363

FILED
Apr 09, 2009
Secretary of State

Entity Name: IAP GP, LLC

Current Principal Place of Business:

701 SW 27 AVE
SUITE 701
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

701 SW 27 AVE
SUITE 701
MIAMI, FL 33135

New Mailing Address:

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

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: D (X) Change () Addition
Name: GLOTTMANN, 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

P

04/09/2009

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