

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110380

FILED
Feb 07, 2009
Secretary of State

Entity Name: INDIAN RIVER SILICON, LLC

Current Principal Place of Business:

1364 S. BABCOCK STREET
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

1364 S. BABCOCK STREET
MELBOURNE, FL 32901 US

New Mailing Address:

PO BOX 36-0378
MELBOURNE, FL 32936 US

FEI Number: 26-1418333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, JAMES M
1686 W. HIBISCUS BLVD
MELBOURNE, FL 32901 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: SCHULTZ, R. DOUGLAS
Address: 4309 LIGUSTRUM DRIVE
City-St-Zip: MELBOURNE, FL 32934 US

Title: MGRM () Delete
Name: JOHNSTON, PHYLLIS
Address: 134 MARTESIA WAY
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

Title: MGRM () Delete
Name: BUFFKIN, DAN E JR.
Address: 126 SW 134TH TERR
City-St-Zip: NEWBERRY, FL 32669 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:

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: R. DOUGLAS SCHULTZ

MGRM

02/07/2009

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