

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110690

Entity Name: IAP LP, LLC

FILED  
Apr 09, 2009  
Secretary of State

## 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: 74-3248243

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: PDS ( ) 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: GLOTTMANN, 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: ( ) 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: JACK GLOTTMANN

P

04/09/2009

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