


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90008 024 ***138.75

DOCUMENT # L07000111905	
1. Entity Name IP DEVELOPMENT SYSTEMS, LLC	

Principal Place of Business 2710 DEL PRADO BOULEVARD, STE 2-207 CAPE CORAL, FL 33904	Mailing Address 2710 DEL PRADO BOULEVARD, STE 2-207 CAPE CORAL, FL 33904
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2. Principal Place of Business - No P.O. Box # 4706 Chiquita Blvd. S	3. Mailing Address 4706 Chiquita Blvd. S
Suite, Apt. #, etc. #101	Suite, Apt. #, etc. #101
City & State Cape Coral, FL	City & State Cape Coral, FL
Zip 33914	Country USA



04072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1361181	Applied For <input type="checkbox"/> Not Applicab
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kathy Shafran 4706 Chiquita Blvd. S, #101 Cape Coral, FL 33914 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 Kathy Shafran, MGRM 4/21/08