


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90081 024 ***138.75

DOCUMENT # L07000113758	
1. Entity Name IRA ASSETS LLC	

Principal Place of Business 2296 HABERSHAM DR CLEARWATER, FL 33764	Mailing Address 2296 HABERSHAM DR CLEARWATER, FL 33764
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50008627



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07092008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent AUSTIN, JAY W 12766 SEMINOLE BLVD LOT 59 LARGO, FL 33778	
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4. FEI Number 30-0450047	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____		
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EVICH, JOSEPH W 2296 HABERSAM DR CLEARWATER, FL 33764	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.	
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SIGNATURE: 	7/9/08
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #