## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

## Apr 03, 2008 8:00 am Secretary of State **DOCUMENT # L07000115875** 1. Entity Name 04-03-2008 90075 003 \*\*\*143.75 IRB HOLDINGS, LLC Principal Place of Business Mailing Address 1507 GULF BOULEVARD, UNIT A 1507 GULF BOULEVARD, UNIT A INDIAN ROCKS BEACH FL 33785 INDIAN ROCKS BEACH FL 33785 2. Principal Place of Business, No P.O. Box # 3. Mailing Address 342 Buhia Vista Drive 342 Buhia Vista Drive Suite, Act. #, etc. Suite, Apt. #, etc. CR2E083 (10/07). 1st MOORE City & State City & State Applied For 4 FEL Number INDIAN ROCKS BEOCH, HORINA 26-1707954 INDIAN ROCK, Beach, Floring Not Applicable \$5.00 Additional 5. Certificate of Status Desired X 5.A 33781 U5.A. ココつをご Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LICHT, MATTHEW G Street Address (P.O. Box Number is Not Acceptable) 342 BAHIA VISTA DR INDIAN ROCKS BEACH FL 33785 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when remotating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR ☐ Delete TITLE TiTi F ☐ Change ControbA [ NAME LICHT, MATTHEW G NAME STHEET ADDRESS STREET ADDRESS 342 BAHIA VISTA DR CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785 CITY-ST-7:P HILE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY - ST - ZiP THILE ☐ Delete HILL Change Addition RAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THILE Delete TITLE Change Addition HARM MAME CIRECT ADORES STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED