

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125302

FILED
Apr 30, 2008
Secretary of State

Entity Name: IQ VILLAGE LLC

Current Principal Place of Business:

2900 NW 109 AVE
DORAL, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

2900 NW 109 AVE
DORAL, FL 33172 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARIAS, TAILLEEN
2900 NW 109 AVE
DORAL, FL 33172 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: MGR () Delete
Name: ARIAS, TAILLEEN
Address: 2900 NW 109 AVE
City-St-Zip: DORAL, FL 33172 US

Title: MGR () Delete
Name: BASALO, ANAMARIA
Address: 2900 NW 109 AVE
City-St-Zip: DORAL, FL 33172 US

Title: MGR () Delete
Name: MAGALLANES, CARLA
Address: 2900 NW 109 AVE
City-St-Zip: DORAL, FL 33172 US

Title: MGR () Delete
Name: AHRENS, CLAUDIA
Address: 2900 NW 109 AVE
City-St-Zip: DORAL, FL 33172 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:

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: ANAMARIA BASALO

MGR

04/30/2008

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