

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000033778

FILED  
Jun 21, 2009  
Secretary of State

Entity Name: IER BROKER LLC

**Current Principal Place of Business:**

2637 E. ATLANTIC BLVD.  
# 293  
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

2637 E. ATLANTIC BLVD.  
# 293  
POMPANO BEACH, FL 33062 US

**New Mailing Address:**

FEI Number: 98-0575419      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

IMWORLD SERVICES, INC.  
424 E CENTRAL BLVD  
# 106  
ORLANDO, FL 32801 US

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: MGRM ( ) Delete  
Name: LAMBERT, ZOLTAN  
Address: HAJOS ALFRED UTCA 23  
City-St-Zip: MISKOLC, HUNGARY, HU 3524 HU

Title: MGRM ( ) Delete  
Name: GALLO, IBOLYA  
Address: HAJOS ALFRED UTCA 23  
City-St-Zip: MISKOLC, HUNGARY, HU 3524 HU

**ADDITIONS/CHANGES:**

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: ZOLTAN LAMBERT

MGRM

06/21/2009

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