

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038731

Entity Name: IBMMSXP2 L.L.C.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

3828 SW 11TH PLACE
CAPE CORAL, FL 33914

New Principal Place of Business:

309 SE 23RD STREET
CAPE CORAL, FL 33990

Current Mailing Address:

3828 SW 11TH PLACE
CAPE CORAL, FL 33914

New Mailing Address:

309 SE 23RD STREET
CAPE CORAL, FL 33990

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMDASS, JEAN T
3828 SW 11TH PLACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

RAMDASS, JEAN T
309 SE 23RD STREET
CAPE CORAL, FL 33990 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: JEAN RAMDASS

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAMDASS, ANNMARIE S
Address: 3828 SW 11TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM () Delete
Name: RAMDASS, ANDERSON S
Address: 3828 SW 11TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RAMDASS, ANNMARIE S
Address: 309 SE 23RD STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM (X) Change () Addition
Name: RAMDASS, ANDERSON S
Address: 309 SE 23RD STREET
City-St-Zip: CAPE CORAL, FL 33990

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: ANDERSON SHIVA RAMDASS

MGRM

04/29/2009

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