

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000060001

Entity Name: IFAE, LLC

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

27598 RIVERVIEW CENTER BLVD.  
BONITA SPRINGS, FL 34134 US

**New Principal Place of Business:**

**Current Mailing Address:**

27598 RIVERVIEW CENTER BLVD.  
BONITA SPRINGS, FL 34134 US

**New Mailing Address:**

FEI Number: 26-2822509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LESTER, DAVID J  
27598 RIVERVIEW CENTER BLVD.  
BONITA SPRINGS, FL 34134 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: MGRM  
Name: LESTER, DAVID J  
Address: 27598 RIVERVIEW CENTER BLVD.  
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: MGRM  
Name: LESTER, LEE ANN  
Address: 27598 RIVERVIEW CENTER BLVD.  
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: MGRM  
Name: HEM-CBM 99 LP  
Address: PO BOX 573160  
City-St-Zip: TARZANA, CA 91357 US

I hereby 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: DAVID LESTER

MGRM

05/01/2012

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