

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000061206

FILED
Apr 22, 2009
Secretary of State

Entity Name: INTERNATIONAL IMPACT BUILDING PRODUCTS, LLC

Current Principal Place of Business:

8800 NW 79TH AVE.
MEDLEY, FL 33166

New Principal Place of Business:

5900 AUSTRALIAN AVE.
SUITE # 3
WEST PALM BEACH, FL 33407

Current Mailing Address:

8800 NW 79TH AVE.
MEDLEY, FL 33166

New Mailing Address:

5900 AUSTRALIAN AVE.
SUITE # 3
WEST PALM BEACH, FL 33407

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERSON, GARY N
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

FRY, MARTHA W
5900 AUSTRALIAN AVE.
SUITE # 3
WEST PALM BEACH, FL 33407 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: MARTHA W. FRY

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRIEDKIN, MONTE
Address: 8800 NW 79TH AVE.
City-St-Zip: MEDLEY, FL 33166

Title: MGR () Delete
Name: FRY, MICHAEL J
Address: 19000 PORTOFINO CIRCLE, SUITE 107
City-St-Zip: PALM BEACH, FL 33418

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: MICHAEL J. FRY

MGR

04/22/2009

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