

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000061206

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** INTERNATIONAL IMPACT BUILDING PRODUCTS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 26-2913254

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRY, MICHAEL J  
5900 AUSTRALIAN AVE.  
SUITE # 3  
WEST PALM BEACH, FL 33407 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  
**Name:** FRIEDKIN, MONTE  
**Address:** 8800 NW 79TH AVE.  
**City-St-Zip:** MEDLEY, FL 33166

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

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: MICHAEL J FRY

MGR

02/16/2011

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