2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 24, 2005 08:00 AM DOCUMENT # L9700000091 **Secretary of State** 1. Entity Name IBIS HOLDINGS, LLC Principal Place of Business. Mailing Address 5655 S. TROPICAL TRAIL 5655 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 01072005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0785017 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THOMPSON, ANTHONY B DO NOT WRITE 5655 S. TROPICAL TRAIL MERRITT ISLAND, FL 32952 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered_agent. من و بين ال etypeu or prod**e**p more of registered age, to list tell map you're ئى المالات ، Artic دى و بايد ياد المحادد و الكاليدال. Filing Fee Is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGRM THEE THOMPSON, ANTHONY 5655 S. TROPICAL TRAIL STREET ADDRESS CHY-SI-ZIP MERRITT ISLE, FL 32952 Unnonn194310 HILL 01/25/05-80096-010 50.00 NAME STREET ADDRESS CITY-\$1-ZIP NAME STREET ADDRESS DO NOT WRITE CHY-SI-ZIP IN THIS SPACE IIILE NAME STREET ADDRESS CHY-SI-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP HILL NAME. STREET ADDRESS CITY-ST-ZIP

11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ORIZED REPRESENTATIVE

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