2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000000900

1. Entity Name
IPS WORLDWIDE, LLC

Principal Place of Business	Mailing Address
265 CLYDE MORRIS BLVD., STE. 100 ORMOND BEACH, FL 32174	265 CLYDE MORRIS BLVD., STE. 100 ORMOND BEACH, FL 32174

03242005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3518851
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
P.O. BOX 2491
DAYTONA BEACH, FL 32115-2491

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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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	DAVIES, WILLIAM
STREET ADDRESS	265 CLYDE MORRIS BLVD., STE. 100
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MGRM
NAME	CASEY, CHARLES
STREET ADDRESS	265 CLYDE MORRIS BLVD., STE. 100
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MGR
NAME	COOK, DOUGLAS
STREET ADDRESS	265 CLYDE MORRIS BLVD., STE 100
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/05-80013-017 50.00

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11. I hereby certify that the information supplied with this filing 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: William M. Davies 4-19-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #