

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 07, 2006 8:00 am
Secretary of State

07-13-2006 90079 032 ****50.00

DOCUMENT # L99000002713 1. Entity Name INDEPENDENT BROKERAGE OF FLORIDA, LLC					
Principal Place of Business 8290 N.W. 27TH STREET, SUITE 604 MIAMI, FL 33122				Mailing Address 8290 N.W. 27TH STREET, SUITE 604 MIAMI, FL 33122	
2. Principal Place of Business 8290 N.W. 27th Street Suite, Apt. #, etc. Suite 603 City & State MIAMI, FL Zip 33122		3. Mailing Address 8290 NW 27th Street Suite, Apt. #, etc. Suite 603 City & State MIAMI, FL Zip 33122			
4. FEI Number 65-1001056				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				07032006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent PRADO, JOSE 7373 SW 16TH TERRACE MIAMI, FL 33155			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOOKS, JAMES L 152 SWEETGUM TR MCDONOUGH, GA 30252		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KERSEY, MELODY A 8530 SHORELINE DR JONESBORO, GA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RASNAKE, MICHAEL K 180 HIGHLAND PARK DR SHARPSBURG, GA 30277		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAIG, ROBIN T 8203 CLUBHOUSE WY JONESBORO, GA 30236		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			James C Hooks		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 8-1-06		
Daytime Phone # 404 762 0083					