2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State
01-17-2008 90057 028 ***138.75

DOCUMENT # M05000001107

1. Entity Name
IBFA ACQUISITION COMPANY, LLC

Principal Place of Business	Mailing Address
1850 HOWARD ST, UNIT C ELK GROVE VILLAGE, IL 60007	135 N CHURCH ST SUITE 4 KALAMAZOO, MI 49007

01022008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	107 W Michigan Ave 4th Fl
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Kalamazoo MI
Zip / Country	Zip: 49007 / Country

4. FEI Number: 14-1921050 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLANTON, EDWIN F
810 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	WOJCIECHOWSKI, CASIMIR	
STREET ADDRESS	1850 HOWARD ST, UNIT C	
CITY-ST-ZIP	ELK GROVE VILLAGE, IL 60007	
TITLE	MGR	☐ Delete
NAME	GRABOWSKI, JAMES	
STREET ADDRESS	1850 HOWARD ST, UNIT C	
CITY-ST-ZIP	ELK GROVE VILLAGE, IL 60007	
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
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NAME		
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CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

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 Grabowski 847-685-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #