

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M05000002412

FILED
Sep 08, 2009
Secretary of State**Entity Name:** IPA ADVISORY & INTERMEDIARY SERVICES, LLC**Current Principal Place of Business:**1250 BARCLAY BLVD.
BUFFALO GROVE, IL 60089**New Principal Place of Business:****Current Mailing Address:**1250 BARCLAY BLVD.
BUFFALO GROVE, IL 60089**New Mailing Address:****FEI Number:** 36-4344377**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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 () Delete
Name: BURGESS, JOHN R
Address: 1250 BARCLAY BLVD.
City-St-Zip: BUFFALO GROVE, IL 60089**Title:** MGR () Delete
Name: STEINBERG, GREGG
Address: 1250 BARCLAY BLVD.
City-St-Zip: BUFFALO GROVE, IL 60089**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGR (X) Change () Addition
Name: BURGESS, TYLER P
Address: 1250 BARCLAY BLVD.
City-St-Zip: BUFFALO GROVE, IL 60089

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN R BURGESS

MGR

09/08/2009

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