



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
118 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 141015		2. Exact name of the limited liability company IBT ENTERPRISES, LLC			
3. State of Formation GEORGIA		4. Brief description of the character of the business which is actually conducted in Rhode Island DESIGN, INSTALLATION & CONSULTING FOR RETAIL FINANCIAL BRANCHES			
5. Principal office address 1770 INDIAN TRAIL RD #300			City NORCORSS	State GEORGIA	Zip 30093
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name NANCY BROWN			Contact Title ACCOUNTING MANAGER		
Street Address 1770 INDIAN TRAIL RD #300			City NORCROSS	State GEORGIA	Zip 30093
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Myldred Mangum			Manager Name		
Street Address 416 N Jefferson Ave			Street Address		
City Eatonton	State GA	Zip 31024	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

141015

FILED

File Date: NOV 22 2010

Check No. _____

By: *[Signature]*

By: 1021450

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Nancy Brown 10-20-2010
Signature of Authorized Person Date

Nancy Brown
Print or Type Name of Authorized Person