


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000081403 1. Entity Name I D P, LLC	
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Principal Place of Business 435 A2 AIRPARK ROAD EDGEWATER, FL 32132 US	Mailing Address P O BOX 936 EDGEWATER, FL 32132 US
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**DO NOT WRITE IN THIS SPACE**




01082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3328694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LOVE, DAVID S 435 A 2 AIRPARK RD EDGEWATER, FL 32132
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**DO NOT WRITE IN THIS SPACE**

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: 4-17-08

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

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

U00000912981  
 05/07/08-80102-001 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVE, SYDNEY S 1751 AIRPARK RD EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVE, WILLIAM D 1751 AIRPARK RD EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVE, DAVID S 1351 SCARLETT TRAIL NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  DATE: 4-17-08

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