

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081403

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: I D P, LLC

**Current Principal Place of Business:**

435 A2 AIRPARK ROAD  
EDGEWATER, FL 32132 US

**New Principal Place of Business:**

435 A2 AIRPARK ROAD  
SUITE A2  
EDGEWATER, FL 32132 US

**Current Mailing Address:**

P O BOX 936  
EDGEWATER, FL 32132 US

**New Mailing Address:**

FEI Number: 20-3328694      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOVE, DAVID S  
435 A 2 AIRPARK RD  
EDGEWATER, FL 32132 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: MGRM ( ) Delete  
Name: LOVE, SYDNEY S  
Address: 1751 AIRPARK RD  
City-St-Zip: EDGEWATER, FL 32132 US

Title: MGRM ( ) Delete  
Name: LOVE, WILLIAM D  
Address: 1751 AIRPARK RD  
City-St-Zip: EDGEWATER, FL 32132

Title: MGRM (X) Delete  
Name: LOVE, DAVID S  
Address: 1351 SCARLETT TRAIL  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: LOVE, DAVID S  
Address: 1351 SCARLETT TRAIL  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID S LOVE

MGRM

01/22/2009

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