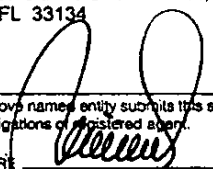
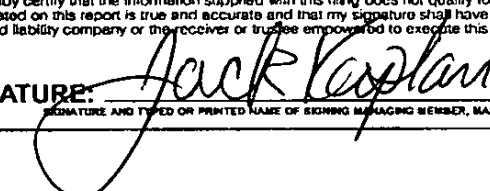


9/5/2006-90052-025-\$50.00-\$50.00

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:03

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                    |                                                                                   |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| DOCUMENT # L05000013542                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                    |  |                                                                   |
| 1. Entity Name<br>I DRIVE INVESTORS, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                    |                                                                                   |                                                                   |
| Principal Place of Business<br>2601 S. BAYSHORE DRIVE, STE. 200<br>MIAMI, FL 33133                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                    | Mailing Address<br>2601 S. BAYSHORE DRIVE, STE. 200<br>MIAMI, FL 33133            |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                    | 3. Mailing Address                                                                |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    | Suite, Apt. #, etc.                                                               |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    | City & State                                                                      |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                            | Zip                                                                               | Country                                                           |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                    | 7. Name and Address of New Registered Agent                                       |                                                                   |
| ROLLNICK, NEIL S ESQ<br>2525 PONCE DE LEON BLVD., STE. 400<br>MIAMI, FL 33134                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                    | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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)                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                    | 8/9/06<br>DATE                                                                    |                                                                   |
| Filing Fee is \$50.00<br>Due by September 6, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    | Make check payable to:<br>Florida Department of State                             |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    | 10. ADDITIONS/CHANGES                                                             |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>OKA ORLANDO, LLC<br>2601 S. BAYSHORE DRIVE, STE. 200<br>MIAMI, FL 33133<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 606, Florida Statutes. |                                                                                                                    |                                                                                   |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                    | 9-16-06 305-857-0400<br>Date Daytime Phone #                                      |                                                                   |

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