

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000013542**

1. Entity Name  
**I DRIVE INVESTORS, LLC**



Principal Place of Business  
**2601 S. BAYSHORE DRIVE, STE. 200  
MIAMI, FL 33133**

Mailing Address  
**2601 S. BAYSHORE DRIVE, STE. 200  
MIAMI, FL 33133**



04232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2371255</b>	Applied For <input type="checkbox"/> 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**

**ROLLNICK, NEIL S ESQ  
2525 PONCE DE LEON BLVD., STE. 400  
MIAMI, FL 33134**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>
NAME	<b>OKA ORLANDO, LLC</b>
STREET ADDRESS	<b>2601 S. BAYSHORE DRIVE, STE. 200</b>
CITY-ST-ZIP	<b>MIAMI, FL 33133</b>

TITLE	
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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:** *Jade Kaplan* **JACK KAPLAN**  
**MEMBER** **4-23-01 305-857-0400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #