

04/21/04

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KRUSDE AND ASSOCIATES → 7273917450

NO.014

P04

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000004946

1. Entity Name
IDS-HOTEL ISIS, L.C.



Principal Place of Business
17566 GULF BOULEVARD
REDINGTON SHORES, FL 33708

Mailing Address
17566 GULF BOULEVARD
REDINGTON SHORES, FL 33708



04212004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
59-3717802

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPEAR, JO CLAIRE ESQUIRE
9410 INTERNATIONAL COURT NORTH
ST. PETERSBURG, FL 33716-4801

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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 relinquishing)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
INNOVATIVE DEVELOPMENT SERVICES GROUP, INC
3401 37TH STREET SOUTH
ST. PETERSBURG, FL 33711

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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NAME
STREET ADDRESS
CITY- ST- ZIP

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04/26/04-80019-024 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone If

April 20, 2004