2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000024902

1. Entity Name
IDGAC, L.L.C.

Principal Place of Business	Mailing Address
1035 SOUTH APOLLO BLVD. MELBOURNE, FL 32901	1035 SOUTH APOLLO BLVD. MELBOURNE, FL 32901

02292004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0648870
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STOLDT, LYNNE
1035 SOUTH APOLLO BLVD.
MELBOURNE, FL 32901

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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 C Schrader 3/20/04
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, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SCHRADER, KEITH M.D.
STREET ADDRESS	4030 SNOWY EGRET DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32904
TITLE	MGR
NAME	WASSELLE, JOSEPH M.D.
STREET ADDRESS	201 LANSING ISLAND
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937
TITLE	MGR
NAME	STOLDT, LYNNE .
STREET ADDRESS	1637 PGA BLVD.
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/04-80041-023 50.00

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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: C Schrader 3-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #