## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000024902

Entity Name: IDGAC, L.L.C.

Address:

City-St-Zip:

1637 PGA BLVD.

MELBOURNE, FL 32935

FILED Apr 25, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1035 SOUTH APOLLO BLVD. MELBOURNE, FL 32901 **Current Mailing Address: New Mailing Address:** 1035 SOUTH APOLLO BLVD. MELBOURNE, FL 32901 FEI Number: 02-0648870 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STOLDT, LYNNE 1035 SOUTH APOLLO BLVD. MELBOURNE, FL 32901 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete SCHRADER, KEITH M.D. Name: Name: Address: 4030 SNOWY EGRET DRIVE Address: City-St-Zip: MELBOURNE, FL 32904 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition WASSELLE, JOSEPH M.D. Name: Name: Address: 201 LANSING ISLAND Address: City-St-Zip: INDIAN HARBOR BEACH, FL 32937 City-St-Zip: Title: MGR () Delete Title: () Change () Addition STOLDT, LYNNE . Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: LYNNE STOLDT MGR 04/25/2006