

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024902

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: IDGAC, L.L.C.

**Current Principal Place of Business:**

1035 SOUTH APOLLO BLVD.  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

1035 SOUTH APOLLO BLVD.  
MELBOURNE, FL 32901

**New Mailing Address:**

FEI Number: 02-0648870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: MGR ( ) Delete  
Name: SCHRADER, KEITH M.D.  
Address: 4030 SNOWY EGRET DRIVE  
City-St-Zip: MELBOURNE, FL 32904

Title: MGR ( ) Delete  
Name: WASSELLE, JOSEPH M.D.  
Address: 201 LANSING ISLAND  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: MGR ( ) Delete  
Name: STOLDT, LYNNE  
Address: 1637 PGA BLVD.  
City-St-Zip: MELBOURNE, FL 32935

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: LYNNE STOLDT

MGR

04/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date