

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024902

FILED
Apr 27, 2009
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

04/27/2009

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