


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90352 011 \*\*\*\*50.00

<b>DOCUMENT # L02000028757</b>	
1. Entity Name IDC HYPOLUXO, L.L.C.	

Principal Place of Business 1055 DEL HARBOUR DRIVE DELRAY BEACH FL 33483	Mailing Address 1055 DEL HARBOUR DRIVE DELRAY BEACH FL 33483
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2. Principal Place of Business	3. Mailing Address <i>549 Golfview Dr</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>Gulfstream FL</i>
Zip	Country <i>PB</i>
Country	Zip <i>33483</i>



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent  O'CONNOR, MATTHEW 1055 DEL HARBOUR DRIVE DELRAY BEACH FL 33483		7. Name and Address of New Registered Agent Name <i>Matthew J. O'Connor</i> Street Address (P.O. Box Number is Not Acceptable) <i>549 Golfview Dr</i> City <i>Gulfstream</i> FL Zip Code <i>33483</i>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM O'CONNOR, MATTHEW 1055 DEL HARBOUR DRIVE DELRAY BEACH FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>549 Golfview Dr</i> <i>Gulfstream FL</i> <i>33483</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* 3-11-05 221-1790  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #