

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000031957

1. Entity Name
IDEAWARE, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 18 AM 9:25

Principal Place of Business

55 SEA PARK BLVD
#315
SATELLITE BEACH, FL 32937

Mailing Address

55 SEA PARK BLVD
#315
SATELLITE BEACH, FL 32937

DO NOT WRITE IN THIS SPACE



09132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
03-0496445

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, DAVID H
55 SEA PARK BLVD
#315
SATELLITE BEACH, FL 32937

**DO NOT WRITE
IN THIS SPACE**

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

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 September 15, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRP
MILLER, DAVID
55 SEA PARK BLVD #315 STE B
SATELLITE BEACH, FL 32937

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

100082830861
12/28/06--01045--016 **150.00

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IN THIS SPACE**

REINSTATEMENT 2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

11-13-06

Date

321.604.2786

Daytime Phone #