

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90454 030 \*\*\*\*50.00

<b>DOCUMENT # L03000025730</b>					
<b>1. Entity Name</b> IDR PROJECTS, L.L.C.					
<b>Principal Place of Business</b> 1637 VICTORIA POINTE CIRCLE WESTON, FL 33327			<b>Mailing Address</b> 1637 VICTORIA POINTE CIRCLE WESTON, FL 33327		
<b>2. Principal Place of Business</b> 1070-A Alton Road		<b>3. Mailing Address</b> 8870 SW 10 TERRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami Beach FL		<b>City &amp; State</b> MIAMI FL		<b>4. FEI Number</b> 20-0123884	
<b>Zip</b> 33139		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LESLIE ALAN ROZENCWAIG, P.A. ONE S.E. THIRD AVENUE, SUITE 960 MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name: <u>Rosario Ferrero-Carr, Esq.</u> Street Address (P.O. Box Number is Not Acceptable): <u>Rozencwaig &amp; Ferrero-Carr</u> <u>301 W. Hallandale Beach Blvd.</u> City: <u>Hallandale Beach</u> FL <u>33009</u>		
<b>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.</b>					
SIGNATURE:				DATE: <u>1/26/04</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGRM DAVID MELUL 8870 SW 10 TERRACE MIAMI FL 33174		
			MGRM ROBERT WANNICH 8870 SW 10 TERRACE MIAMI FL 33174		
<b>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.</b>					
<b>SIGNATURE:</b>			Date: <u>04/15/04</u>		Daytime Phone #: <u>954 394 3134</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #