FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90058 032 ****55.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000038898

1. Entity Name
ID 2911 LLC

Principal Place of Business	Mailing Address
2911 OKEECHOBEE RD FT PIERCE, FL 34947	2911 OKEECHOBEE RD FT PIERCE, FL 34947

03042006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
		18651 SOUTH WEST 39TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: MIRAMAR, FL	
Zip	Country	Zip: 33029	Country: USA

4. FEI Number: 20-0302357 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LUZIM, RONALD A ESQ
9900 WEST SAMPLE RD., STE. 400
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name: DIAZ, JUAN Y
Street Address (P.O. Box Number is Not Acceptable): 18651 SOUTH WEST 39TH STREET
City: MIRAMAR FL Zip Code: 33029

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] PRES 4/21/06
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 May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DIAZ, JUAN Y		NAME	
STREET ADDRESS	18651 SW 39TH STREET		STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33029		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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] PRES 4/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #