


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000044110 1. Entity Name IBIDAD PROPERTIES, LLC		
Principal Place of Business 4482 SW LONG BAY DRIVE PALM CITY, FL 34990 US	Mailing Address 4482 SW LONG BAY DRIVE PALM CITY, FL 34990 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DAVIS, RICHARD T 250 AUSTRALIAN AVENUE SOUTH 1601 WEST PALM BEACH, FL 33401		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOHMAN, RICHARD B 4482 SW LONG BAY DRIVE PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROGERS, TERRENCE S 501 LAKESHORE BLVD, STE 6 INCLINE VILLAGE, NV 89451	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS 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: <u>Richard B Hohman</u> RICHARD B HOHMAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



01062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0802135	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

1100000394419
01/26/06-800009-024 \$0.00

**DO NOT WRITE
IN THIS SPACE**

1/8/06 772-419-6205
Date Daytime Phone #