

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052006

Entity Name: IED DEVELOPMENT, LLC

FILED  
Mar 14, 2005  
Secretary of State

**Current Principal Place of Business:**

8033 LONG DR  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

8033 LONG DR  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 20-0567512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
660 E JEFFERSON ST  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: POPE, DENNIS A  
Address: 8033 LONG DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: MGRM ( ) Delete  
Name: IRELAND, DALE  
Address: 3426 S.E. 26TH STREET  
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: MGRM ( ) Delete  
Name: BRIARD, WALTER  
Address: 4870 S.E. MANATEE COVE RD.  
City-St-Zip: STUART, FL 34997 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DENNIS A. POPE

MGRM

03/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date