

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003580

FILED
Mar 30, 2007
Secretary of State

Entity Name: INTERNATIONAL DATA SYSTEMS, LLC

Current Principal Place of Business:

1440 CORAL RIDGE DRIVE
SUITE 335
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

1440 CORAL RIDGE DRIVE
SUITE 335
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-1213077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT, LENSKEY
1440 CORAL RIDGE DRIVE
SUITE 335
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

LENSKY, ROBERT
1440 CORAL RIDGE DRIVE
SUITE 335
CORAL SPRINGS, FL 33071 US

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: ROBERT LENSKEY

03/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROBERT, LENSKEY
Address: 1440 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LENSKY, ROBERT
Address: 1440 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR () Change (X) Addition
Name: FLOWERS-LENSKY, DENISE L
Address: 1440 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DENISE FLOWERS-LENSKY

MGR

03/30/2007

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