

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # L04000014196**

1. Entity Name

I.D. MANAGEMENT PARTNERS, L.L.C.



Principal Place of Business

4700 K SHERIDAN STREET  
HOLLYWOOD, FL 33021

Mailing Address

4700 K SHERIDAN STREET  
HOLLYWOOD, FL 33021



01122006 No Chg-LLC

CR2E063 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0767511

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00** Additional  
Fees Required

6. Name and Address of Current Registered Agent

GREEN, MITCHELL F  
4000 HOLLYWOOD BLVD., SUITE 485-SOUTH  
HOLLYWOOD, FL 33021

**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

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ZIDE, NELSON R
STREET ADDRESS	4700 K SHERIDAN STREET
CITY- ST- ZIP	HOLLYWOOD, FL 33021

TITLE	
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U0000003988293  
01/31/06-80017-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/16/06

954 962-0040