

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017585

Entity Name: IDS VENTURES, LLC

FILED
May 11, 2006
Secretary of State

Current Principal Place of Business:

572 SOUTH ECON CIRCLE, SUITE 120
OVIEDO, FL 32765

New Principal Place of Business:

531 SOUTH ECON CIRCLE
SUITE 1009
OVIEDO, FL 32765

Current Mailing Address:

572 SOUTH ECON CIRCLE, SUITE 120
OVIEDO, FL 32765

New Mailing Address:

531 SOUTH ECON CIRCLE
SUITE 1009
OVIEDO, FL 32765

FEI Number: 61-1467560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ICARDI, JEFFREY A
549 WYMORE ROAD, NORTH, SUITE 109
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

ICARDI, JEFFREY A
2180 W STATE ROAD 434
LONGWOOD, FL 32779 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: JEFFERY A ICARDI

05/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAVAS, JOSEPH N
Address: 572 SOUTH ECON CIRCLE, SUITE 120
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: WORRELL, NICOL L
Address: 572 SOUTH ECON CIRCLE, SUITE 120
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAVAS, JOSEPH N
Address: 531 SOUTH ECON CIRCLE, SUITE 1009
City-St-Zip: OVIEDO, FL 32765

Title: MGRM (X) Change () Addition
Name: WORRELL, NICOL L
Address: 531 SOUTH ECON CIRCLE, SUITE 1009
City-St-Zip: OVIEDO, FL 32765

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: JOSEPH N SAVAS

PRES

05/11/2006

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