

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017585

Entity Name: IDS VENTURES, LLC

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

522 SOUTH ECON CIRCLE
SUITE 140
OVIEDO, FL 32765

Current Mailing Address:

522 SOUTH ECON CIRCLE
SUITE140
OVIEDO, FL 32765

New Principal Place of Business:

5707 DOT COM COURT
SUITE 1079
OVIEDO, FL 32765

New Mailing Address:

5707 DOT COM COURT
SUITE 1079
OVIEDO, FL 32765

FEI Number: 61-1467560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: MGRM () Delete
Name: SAVAS, JOSEPH N
Address: 522 SOUTH ECON CIRCLE, SUITE 140
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: WORRELL, NICOL L
Address: 522 SOUTH ECON CIRCLE, SUITE 140
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAVAS, JOSEPH N
Address: 5707 DOT COM COURT 1079
City-St-Zip: OVIEDO, FL 32765

Title: MGRM (X) Change () Addition
Name: WORRELL, NICOL L
Address: 5707 DOT COM COURT 1079
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify 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: MIKE MATSON

VP

03/27/2009

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