

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019320

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** INVENTORY DOCUMENTATION SOLUTIONS, LLC

**Current Principal Place of Business:**

5507 SW 5TH AVE  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

**Current Mailing Address:**

5507 SW 5TH AVE  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

**FEI Number:** 81-0667826

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INVENTORY DOCUMENTATION SOLUTIONS, LLC  
5507 SW 5TH AVE  
CAPE CORAL, FL 33914 US

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

ORIO, JAMES C MGR  
5507 SW 5TH AVE  
CAPE CORAL, FL 33914 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: JAMES C ORIO

04/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: ORIO, JAMES C  
Address: 5507 SW 5TH AVE  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGR ( ) Delete  
Name: ORIO, GAIL M  
Address: 5507 SW 5TH AVE  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGR ( ) Delete  
Name: BRYCE, MARIE M  
Address: 5562 CUBLES DR  
City-St-Zip: BOKEELIA, FL 33922 US

Title: MGR ( ) Delete  
Name: BRYCE, STEPHEN N  
Address: 5562 CUBLES DR  
City-St-Zip: BOKEELIA, FL 33922 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:

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: JAMES C ORIO

MGR

04/29/2005

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