2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2007
Secretary of State

DOCUMENT# L04000024450

Entity Name: FIDS "LLC"

Current Principal Place of Business:

367 OSBORNE DR NE
FORT WALTON BEACH, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1602
FT. WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

FIDLER, SHAWN M
315 BREAM AVE.
205
FT. WALTON BEACH, FL 32548 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: FIDLER, SHAWN M
Address: 367 OSBORNE DR NE
City-St-Zip: FT. WALTON BEACH, FL 32548 US

Title: MGR ( ) Delete
Name: PANACEK, PETR
Address: 516 JUNIPER AVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

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 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: SHAWN FIDLER MGMR 07/23/2007

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