2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 29, 2008
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:

1651 CHAMPAGNE AVE
GULF BREEZE, FL 32563 US

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 ( )**

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: 1651 CHAMPAGNE AVE
City-St-Zip: GULF BREEZE, FL 32563 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 MGRM 07/29/2008

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