


**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90047 039 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L04000049416</b>			
1. Entity Name IDM, LLC			
Principal Place of Business 2481 HIGHWAY 71N WEWAHITCHKA, FL 32465		Mailing Address P.O. BOX 612 WEWAHITCHKA, FL 32465	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2564 INDIAN PASS ROAD Suite, Apt. #, etc.	
City & State		City & State PORT ST. JOE, FL	
Zip	Country	Zip	Country
32456		32456	GULF
04272005 Chg-LLC		CR2E083 (10/03)	
4. FEI Number 20-1321807		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MCLEMORE, WILLIAM W 2481 HIGHWAY 71N WEWAHITCHKA, FL 32465		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2564 INDIAN PASS ROAD City PORT ST. JOE, FL Zip Code 32456	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>William W. McLeMORE</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>5/1/05</u>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCLEMORE, WILLIAM W P.O. BOX 612 WEWAHITCHKA, FL 32465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCLEMORE, WILLIAM W 2564 INDIAN PASS ROAD PORT ST. JOE, FL 32456 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STANLEY, GARY 224 JOHNSON LANE WEWAHITCHKA, FL 32465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>William W. McLeMORE</u> DATE <u>5-1-05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #			