2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000066004 1. Entity Name IDG DEVELOPMENT, L.L.C.	
Principal Place of Business 1502 ROBERTS DRIVE JACKSONVILLE BEACH, FL 32250 US Mailing Address 1502 ROBERTS DRIVE JACKSONVILLE BEACH, FL 32250 US JACKSONVILLE BEACH, FL 32	
DO NOT WRITE IN THIS SPA	01082007 No Chg-LLC CR2E083 (11/05) 4. FEI Number
6. Name and Address of Current Registered Agent GLAZIER & GLAZIER, P.A. 8825 PERIMETER PARK BLVD., SUITE 504 JACKSONVILLE, FL 32216	DO NOT WRITE IN THIS SPACE
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 Signature. Niped or primad name of registered agent and the it applicable. (NOTE Registered Agent segnature required when reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2007	
9. MANAGING MEMBERS/MANAGERS	
TITLE MGRM NAME BISHOP, BEN C PRES. STREET ADDRESS 1502 ROBERTS DRIVE CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250	
TITLE NAME STREET ADDRESS CITY-S7-Z/P	Unnonn586056 01/16/07-80037-005 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TETLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-SY-ZIP	
TITLE NAME STREET ADDRESS CITY - ST-ZIP	
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 it 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daylor Prome &	