


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90285 019 ****50.00

DOCUMENT # L04000070373 1. Entity Name IDK2, LLC			
Principal Place of Business 215 LITHIA PINECREST ROAD BRANDON, FL 33511-5307		Mailing Address 215 LITHIA PINECREST ROAD BRANDON, FL 33511-5307	
2. Principal Place of Business 635 W. Lumsden Rd. Suite, Apt. #, etc.		3. Mailing Address 635 W. Lumsden Rd. Suite, Apt. #, etc.	
City & State Brandon, FL Zip 33511-5911		City & State Brandon, FL Zip 33511-5911	
4. FEI Number 20-1756580		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02242006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent JAEGER, ROY 215 LITHIA PINECREST ROAD BRANDON, FL 33511-5307		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 635 W. Lumsden Rd. City Brandon FL Zip Code 33511-5911	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAEFER, ROY J 2825 FAIRWAY VIEW DRIVE VALRICO, FL 33594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAEGER, Roy J <input checked="" 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
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 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		3/20/06 (813) 684-6803 Date Daytime Phone #	