# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 21, 2005**
**Secretary of State**

DOCUMENT# L04000090029

**Entity Name:** IDS ENTERPRISE, L.L.C.

**Current Principal Place of Business:**

9825 HARRELL AVE
SUITE 303
TREASURE ISLAND, FL 33706 US

**New Principal Place of Business:**

1890 WOLFORD ROAD
SUITE 6
CLEARWATER, FL 33760 US

**Current Mailing Address:**

P.O. BOX 8762
SEMINOLE, FL 33775 US

**New Mailing Address:**

**FEI Number: 20-1976470** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMMONS, DEBORA L
9825 HARRELL AVE
SUITE 303
TREASURE ISLAND, FL 33706 US

**Name and Address of New Registered Agent:**

SIMMONS, DEBORA L
1890 WOLFORD ROAD
SUITE 6
CLEARWATER, FL 33760 US

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: DEBORA L. SIMMONS 03/21/2005
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MEMBERS:**

Title: DIR ( ) Delete
Name: SIMMONS, DEBORA L
Address: P.O. BOX 8762
City-St-Zip: SEMINOLE, FL 33775 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: SIMMONS, DEBORA L
Address: P.O. BOX 8762
City-St-Zip: SEMINOLE, FL 33775 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBORA L. SIMMONS MGR 03/21/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date