

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090029

FILED  
Apr 14, 2008  
Secretary of State

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

**Current Principal Place of Business:**

1890 WOLFORD RD  
SUITE 6  
CLEARWATER, FL 33760 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1231  
DUNEDIN, FL 34697 US

**New Mailing Address:**

P.O. BOX 4462  
SEMINOLE, FL 33775 US

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  
1890 WOLFORD RD  
SUITE 6  
CLEARWATER, FL 33760 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: MGR ( ) Delete  
Name: SIMMONS, DEBORA L  
Address: P.O. BOX 1231  
City-St-Zip: DUNEDIN, FL 34697 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SIMMONS, DEBORA L  
Address: P.O. BOX 4462  
City-St-Zip: SEMINOLE, FL 33775 US

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: DEBORA L SIMMONS

MGR

04/14/2008

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