

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L05000013542

1. Entity Name
I DRIVE INVESTORS, LLC



Principal Place of Business

**2601 S. BAYSHORE DRIVE, STE. 200
MIAMI, FL 33133**

Mailing Address

**2601 S. BAYSHORE DRIVE, STE. 200
MIAMI, FL 33133**



04232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2371255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROLLNICK, NEIL S ESQ
2525 PONCE DE LEON BLVD., STE. 400
MIAMI, FL 33134**

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
OKA ORLANDO, LLC
2601 S. BAYSHORE DRIVE, STE. 200
MIAMI, FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

U00000756376
05/23/07-80027-021 50.00

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IN THIS SPACE**

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: *Jade Kaplan*

**JACK KAPLAN
MEMBER**

4-23-01 305-857-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #