

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026600

Entity Name: IDS-DANJELK, LLC

FILED
Apr 09, 2007
Secretary of State

Current Principal Place of Business:

17566 GULF BLVD.
REDINGTON SHORES, FL 33708 US

Current Mailing Address:

17566 GULF BLVD.
REDINGTON SHORES, FL 33708 US

New Principal Place of Business:

5501 W. SPRUCE STREET
C-3
TAMPA, FL 33607 US

New Mailing Address:

5501 W. SPRUCE STREET
C-3
TAMPA, FL 33607 US

FEI Number: 20-2977335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREW SERVICE CORPORATION OF FLORIDA
201 N. FRANKLIN STREET
SUITE 2100
TAMPA, FL 33602 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: PDT () Delete
Name: THORNBURY, MARILYN M
Address: 17566 GULF BLVD
City-St-Zip: REDINGTON SHORES, FL 33708

Title: D () Delete
Name: MCDONALD, KATHLEEN R
Address: 17566 GULF BLVD
City-St-Zip: REDINGTON SHORES, FL 33708

ADDITIONS/CHANGES:

Title: PDT (X) Change () Addition
Name: THORNBURY, MARILYN M
Address: 5501 W. SPRUCE STREET C-3
City-St-Zip: TAMPA, FL 33607

Title: D (X) Change () Addition
Name: MCDONALD, KATHLEEN R
Address: 5501 W. SPRUCE STREET C-3
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the 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: MARILYN THORNBURY

PDT

04/09/2007

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