2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029166

Name:

Address:

City-St-Zip:

SCHREIBER, MARTINA

9132 VIA BELLA NOTTE

ORLANDO, FL 32836 US

Entity Name: ISDC REAL ESTATE HOLDINGS LLC

FILED Apr 16, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9132 VIA BELLA NOTTE ORLANDO, FL 32836 **Current Mailing Address: New Mailing Address:** 9132 VIA BELLA NOTTE ORLANDO, FL 32836 US FEI Number: 20-2562396 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARPENTER, SUSANNE H CARPENTER, KEVIN A 9132 VIA BELLA NOTTE 9132 VIA BELLA NOTTE ORLANDO, FL 32836 ORLANDO, FL 32836 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: KEVIN A. CARPENTER 04/16/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete CARPENTER, KEVIN A Name: Name: 9132 VIA BELLA NOTTE Address: Address: City-St-Zip: ORLANDO, FL 32836 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CARPENTER, SUSANNE H Name: Name: Address: 9132 VIA BELLA NOTTE Address: City-St-Zip: ORLANDO, FL 32836 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition THE KATHLEEN L. CARP, ENTER TRUST Name: Name: Address: 9132 VIA BELLA NOTTE Address: City-St-Zip: ORLANDO, FL 32836 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KEVIN A CARPENTER MGR 04/16/2006