

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

03-28-2006 90012 033 ****50.00

DOCUMENT # L05000050379

1. Entity Name
ISLAND DESIGN AND ARCHITECTURAL CENTER, LLC



Principal Place of Business
**70 GRUBER LANE, SUITE 220
ST. SIMONS ISLAND, GA 31522**

Mailing Address
**P.O. BOX 31046
SEA ISLAND, GA 31561**

30005318

2. Principal Place of Business
100 IDAC Lane
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02202006 Chg-LLC CR2E083 (11/05)

City & State
St. Simons Island GA
Zip **31522** Country **USA**

City & State
Zip Country

4. FEI Number
20-2901454

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BOSTIC, ROBERT S
757 S.E. 17TH STREET, #826
FT. LAUDERDALE, FL 33316-3960**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

(NOTE: Registered Agent signature required when releasing)

DATE

3-31-06

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Robert S. Bostic 757 SE 17th St #826 Ft. Lauderdale, FL 33316-3960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **Steve Bostic**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-23-06
Date

404-558-3333
Daytime Phone #