


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90356 049 \*\*\*\*50.00

<b>DOCUMENT # L05000050379</b>	
1. Entity Name <b>ISLAND DESIGN AND ARCHITECTURAL CENTER, LLC</b>	

Principal Place of Business <b>100 IDAC LN ST. SIMONS ISLAND, GA 31522</b>	Mailing Address <b>P.O. BOX 31046 SEA ISLAND, GA 31561</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>100 IDAC Lane</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 200</b>	
City & State		City & State <b>St. Simons Island, GA</b>	
Zip <b>31522</b>	Country <b>USA</b>	Zip <b>31522</b>	Country <b>USA</b>



03192007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>BOSTIC, ROBERT S 757 S.E. 17TH STREET, #826 FT. LAUDERDALE, FL 33316-3960</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 *Robert S Bostic* DATE 4-13-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOSTIC, ROBERT S 757 SE 17TH ST 826 FORT LAUDERDALE, FL 333163960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Robert S Bostic* DATE 4-13-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE