## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000088958

1. Entity Name I D TECH, LLC

FILED Apr 18, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3560 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176 3560 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176



04132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COSTA, ARACELI 3560 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176

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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, typod or printed name of registored agent and little if applicable.

(NOTE, Registered Agent signature required when reinstating)

DATE

## Filing Fce is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME	MGRM COSTA, ARACELI 3560 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<ol> <li>+ hereby certify that the information supplied with this filling does not qualify for the exe</li> </ol>			

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11. 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 irrited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

ID TYPED OR PRINTED NAME OF SIGNING MANA

TYPED OF SPINTED NAME THE SUPPLIES PANACING MEMBER OF AUTHORIZED DESPESSENTATIVE

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