


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-17-2006 90052 042 \*\*\*\*50.00

|                                    |  |   |
|------------------------------------|--|---|
| <b>DOCUMENT # L05000095059</b>     |  |  |
| 1. Entity Name<br>OPTIMAL IDM, LLC |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>22528 MAGNOLIA TRACE BLVD<br>LUTZ, FL 33549 | Mailing Address<br>22528 MAGNOLIA TRACE BLVD<br>LUTZ, FL 33549 |
|--|--|

|   |         |   |         |
|---|---------|---|---------|
| 2. Principal Place of Business<br>2209 COLLIER PKWY.<br>Suite, Apt. #, etc.<br>SUITE 140<br>City & State<br>LAND O'LAKES FL<br>Zip<br>34639 | Country | 3. Mailing Address<br>2209 COLLIER PKWY.<br>Suite, Apt. #, etc.<br>SUITE 140<br>City & State<br>LAND O'LAKES FL<br>Zip<br>34639 | Country |
|---|---------|---|---------|



04112006 Chg-LLC CR2E083 (11/05)

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|-----------------------------|--|
| 4. FEI Number<br>01-0844285 | Applied For<br><input type="checkbox"/> Not Applicable |
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|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>AUCION, LAWRENCE T<br>22528 MAGNOLIA TRACE BLVD<br>LUTZ, FL 33549 | 7. Name and Address of New Registered Agent<br>Name<br>AUCOIN LAWRENCE T.<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--|------------|

|   |  |
|---|--|
| Filing Fee is \$50.00<br>Due by May 1, 2006 | Make check payable to<br>Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  |  | 10. ADDITIONS/CHANGES                          |   |  |
|--|--|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>AUCOIN, LAWRENCE T<br>22528 MAGNOLIA TRACE BLVD<br>LUTZ, FL 33549 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>THE AUCOIN GROUP INC<br>22528 MAGNOLIA TRACE BLVD<br>LUTZ FL 33549     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MARING, JOHN A<br>22528 MAGNOLIA TRACE BLVD<br>LUTZ, FL 33549     | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MOSQUITO GULCH SOLUTIONS INC<br>820 WEST AMELIA AVE.<br>TAMPA FL 33602 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | -  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CUTWATER CREATIONS INC<br>PO BOX 36<br>SAFETY HARBOR FL 34695          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Lawrence T. Aucoin</u> | Date<br>4/12/06 | Daytime Phone #<br>813-376-0654 |
|--------------------------------------|-----------------|---------------------------------|

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #