2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000095059 1. Entity Name OPTIMAL IDM, LLC					04-17-2006 90052 042 ****50.00		
Principal Plac		Mailing Address	0° DI 10	-			
LUTZ, FL 33	NOLIA TRACE BLVD 1549	22528 MAGNOLIA TRAG Lutz, FL 33549	CE READ				
2. Principal P	lace of Business	3. Mailing Address					
	COLLIER PKWU.	2209 CoLL Suite, Apt, # etc	IER PKL	vy.			
SUITE City & State	140	SUITE 14 City & State	0		04112006 Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For		
	Country	LAND O'LA	KES FL Country	<u>-</u>	01-0844285 Not Applica		
3463		34639	Country		5. Certificate of Status Desired		
	o. Name and Address of Current R	egistered Agent	Name		7. Name and Address of New Registered Agent		
AUCION, LAWRENCE T 22528 MAGNOLIA TRACE BLVD				HUCOIN LAWRENCE T. Street Address (P.O. Box Number is Not Acceptable)			
LUTZ, FL	33549						
			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, typed or printed name of registered agent an	d title if applicable. (NOTE	E: Registered Agent signa	ture required	d when reinstating) DATE		
3							
	iling Fee is \$50.00				Make check payable to		
Fi	iling Fee is \$50.00 ue by May 1, 2006				Make check payable to Florida Department of State		
Fi Di	ue by May 1, 2006 MANAGING MEMBER	· · · · · · · · · · · · · · · · · · ·	10.		Florida Department of State ADDITIONS/CHANGES		
9.	we by May 1, 2006 MANAGING MEMBER MGR	S/MANAGERS Delete	TITLE	MG	Florida Department of State ADDITIONS/CHANGES ADDITIONS/CHANGES □ Additional Addition	ition	
Fi Di	MANAGING MEMBER MGR AUCOIN, LAWRENCE T	· · · · · · · · · · · · · · · · · · ·	TITLE NAME	THE	ADDITIONS/CHANGES ADDITIONS/CHANGES ADDITIONS/CHANGES Additional Additiona	lition	
9. TITLE NAME	we by May 1, 2006 MANAGING MEMBER MGR	· · · · · · · · · · · · · · · · · · ·	TITLE	THE	ADDITIONS/CHANGES ADDITIONS/CHANGES REPARE Additional	ition	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR AUCOIN, LAWRENCE T 22528 MAGNOLIA TRACE BLVD	· · · · · · · · · · · · · · · · · · ·	TITLE NAME STREET ADDRESS	THE 22 LUT	ADDITIONS/CHANGES ADDITIONS/CHANGES REPLACE AND THE ADDITIONS/CHANGES		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGR AUCOIN, LAWRENCE T 22528 MAGNOLIA TRACE BLVD LUTZ, FL 33549 MGR MARING, JOHN A	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	THE 22 LUT MG	Florida Department of State ADDITIONS/CHANGES REAL COIN GROUP INC 528 MAGNOLIA TRACE BLVO. TZ FL 33549 REAL COIN GRUCH SOLUTIONS TAN	lition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR AUCOIN, LAWRENCE T 22528 MAGNOLIA TRACE BLVD LUTZ, FL 33549 MGR	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	THE 22 LUT MG MG MO BZ	Florida Department of State ADDITIONS/CHANGES REALCOIN GROUP INC 528 MAGNOLIA TRACE BLVD. TZ FL 33549 REALCOIN GULCH SOLUTIONS INC LO WEST AMELIA AVE.	lition C	
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I nevery 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.

4/12/06 8/3-376-0654 Daytime Phone #