

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90197 017 ****50.00

DOCUMENT # L05000095059

1. Entity Name
OPTIMAL IDM, LLC



Principal Place of Business
2209 COLLIER PKWY
STE 140
LAND O LAKES, FL 34639

Mailing Address
2209 COLLIER PKWY
STE 140
LAND O LAKES, FL 34639

60029360



DO NOT WRITE IN THIS SPACE

03192007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0844285	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

AUCION, LAWRENCE T
22528 MAGNOLIA TRACE BLVD
LUTZ, FL 33549

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	THE AUCTION GROUP INC.
STREET ADDRESS	22528 MAGNOLIA TRACE BLVD
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	MGR
NAME	MOSQUITO GULCH SOLUTIONS INC.
STREET ADDRESS	820 W AMELIA AVE
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGR
NAME	CUTWATER CREATIONS INC.
STREET ADDRESS	POB 36
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

Laurence T. Aucion

LAURENCE T. AUCTION

3/20/07

813-376-0654

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

Date

Daytime Phone #