

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099542

FILED  
Jan 03, 2006  
Secretary of State

Entity Name: INDEPENDENT DESIGN AND CRAFT ASSOCIATION, LLC

**Current Principal Place of Business:**

2825 HARSON WAY  
FORT PIERCE, FL 34946

**New Principal Place of Business:**

**Current Mailing Address:**

2825 HARSON WAY  
FORT PIERCE, FL 34946

**New Mailing Address:**

FEI Number: 20-3609559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOURNEY, TAMARA S  
3783 COCONUT ROAD SOUTH  
APARTMENT 3  
LAKE WORTH, FL 33461 US

**Name and Address of New Registered Agent:**

DOURNEY, TAMARA S  
2825 HARSON WAY  
FORT PIERCE, FL 34946 US

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.

SIGNATURE: TSD

01/03/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HADLEY, GEORGIA  
Address: 1979 NORTH ROAD  
City-St-Zip: WEST NEWBURY, VT 05085

Title: MGRM ( ) Delete  
Name: RODRIGUEZ, ILEANA  
Address: 213 DENNIS AVE  
City-St-Zip: RALEIGH, NC 27604

Title: MGRM ( ) Delete  
Name: DOURNEY, TAMARA  
Address: 3783 COCONUT ROAD SOUTH, #3  
City-St-Zip: LAKE WORTH, FL 33461

Title: MGRM ( ) Delete  
Name: RECKARD, STACY  
Address: 122 NORTH 7TH STREET  
City-St-Zip: DECATUR, IN 46733

Title: MGRM ( ) Delete  
Name: THEIS, NICOLE  
Address: 5709 CHAPMAN HIGHWAY  
City-St-Zip: KNOXVILLE, TN 37920

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: DOURNEY, TAMARA  
Address: 2825 HARSON WAY  
City-St-Zip: FORT PIERCE, FL 34946

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TAMARA DOURNEY

MGRM

01/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date