2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

FILED Feb 25, 2008 08:00 AM Secretary of State

DOCUMENT # L05000103102 1. Entity Name IDKS, LLC				Secretary of St
· ·		Mailing Address 1207 N. FRANKLIN ST.		
303		303		
TAMPA, FL	33602 US	TAMPA, FL 33602 US	* (*)	
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o de la Constitución de la Const	O NOT WRIT	E IN THIS SPA	CF.	02122008No Chg-LLC
				4. FEI Number Applied For 31-2057271 Not Applicable
				5. Certificate of Status Desired Status Desired Fee Required
	6. Name and Address of Curre	nt Registered Agent		
NUCCIO, VINCE 1207 N. FRANKLIN ST				
200				
TAMPA, FL 33602				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.				
SIGNATURESignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.	75		
9.	MANAGING MEM	BERS/MANAGERS		The state of the s
TITLE NAME	MGR MARTINO, THOMAS S			
STREET ADDRESS	1207 N FRANKLIN ST STE 30	3		Noonon02000
CITY-S1-ZIP	TAMPA, FL 33602			000000835253 02/29/08-80027-008 138.75
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TITLE				
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STREET ADDRESS CITY+ST-ZIP				
11. I hereby	certify that the information supplied	with this filling does not qualify for the	exemptions contains	of in Chanter 119. Florida Statutos I further easify that the information
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 employered to execute this report as required by Chapter 608, Florida Statutes.				