


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 29, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L05000108480 |  |
| 1. Entity Name IDC SAVANNAH, LLC | |

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| Principal Place of Business 3696 ULMERTON ROAD CLEARWATER, FL 33762 US | Mailing Address 3696 ULMERTON ROAD CLEARWATER, FL 33762 US |
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01232007No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 20-3751751 | 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 URENA, CARLOS 3696 ULMERTON ROAD CLEARWATER, FL 33762 |
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| 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> |
| DATE _____ |

Filing Fee is \$50.00
Due by May 1, 2007

U000000610550
02/02/07-80023-021 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KMA SUNBELT TRADING CORP. 3696 ULMERTON ROAD CLEARWATER, FL 33762 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BURGESS, C. CRAIG 9 WEST DERENNE AVE SAVANNAH, GA 31405 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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.

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|---|------------------------------------|
| SIGNATURE: <u>Carlos Urena, MGRM</u> | Date <u>01/25/07 (27) 570-7058</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Daytime Phone #</small> |