

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000020743

1. Entity Name
IDS PROPERTIES LLC



Principal Place of Business
**13711 CARLTON RD.
DUETTE, FL 33834 US**

Mailing Address
**13711 CARLTON RD.
DUETTE, FL 33834 US**



04212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0632569

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARLTON, ISAAC
13711 CARLTON RD.
DUETTE, FL 33834**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000920317
05/14/08-80039-006 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARLTON, ISAAC
13711 CARLTON RD.
DUETTE, FL 33834**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARLTON, LELAND
13711 CARLTON RD.
DUETTE, FL 33834**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARLTON, JEFFREY
13711 CARLTON RD.
DUETTE, FL 33834**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARLTON, KENNETH
13711 CARLTON RD.
DUETTE, FL 33834**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BATES, RAMONA
13711 CARLTON RD.
DUETTE, FL 33834**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: *Isaac F. Carlton* Isaac F. Carlton 4-21-2008 941-776-3045

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

Date

Daytime Phone #