2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

04-16-2007 90356 003 ****50.00

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03192007 Chg-LLC CR2E083 (12/06)

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1. Entity Name
IDAC STORAGE & DELIVERY, LLC

Principal Place of Business	Mailing Address
1600 FREDERICA ROAD, #10 SAINT SIMONS ISLAND, GA 31522	P.O. BOX 31046 SEA ISLAND, GA 31561

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
100 IDAC lane		100 IDAC lane	
Suite, Apt. #, etc.: Suite 200		Suite, Apt. #, etc.: Suite 200	
City & State: St. Simons Island GA		City & State: St. Simons Island GA	
Zip: 31522	Country: USA	Zip: 31522	Country: USA

4. FEI Number: 20-5341877 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOSTIC, ROBERT S
757 S.E. 17TH STREET, #826
FT. LAUDERDALE, FL 33316-3960

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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] 4-13-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	Managing Member ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Island Design + Architectural Center	NAME	
STREET ADDRESS	100 IDAC lane #200	STREET ADDRESS	
CITY-ST-ZIP	St. Simons Island, GA 31522	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 4-13-07 912-634-3301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #