

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90239 023 \*\*\*138.75

DOCUMENT # L07000041024

1. Entity Name  
IDAC SHOWHOUSE, LLC



Principal Place of Business  
100 IDAC LANE, SUITE 200  
ST. SIMONS ISLAND, GA 31522

Mailing Address  
100 IDAC LANE, SUITE 200  
ST. SIMONS ISLAND, GA 31522

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202008 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-8863028

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. 18TH STREET, #826  
FT. LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name Robert S. Bostic

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

101 S. Ft. Lauderdale Beach Blvd

#608

City

Ft. Lauderdale

FL

Zip Code

33316

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

3-21-08

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME BOSTIC, ROBERT S.  
STREET ADDRESS 101 S. Ft. Lauderdale Beach Blvd  
CITY-ST-ZIP Ft. Lauderdale, FL 33316

☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

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

Date

Daytime Phone #

3-21-08