

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108162

Entity Name: IDA SOLUTIONS, LLC

FILED  
Mar 20, 2009  
Secretary of State

**Current Principal Place of Business:**

1170 CELEBRATION BOULEVARD  
SUITE 100  
CELEBRATION, FL 34747 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 470098  
CELEBRATION, FL 34747 US

**New Mailing Address:**

FEI Number: 26-1298392

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ORNSTEIN, MARK L  
2 SOUTH ORANGE AVENUE  
5TH FLOOR  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR ( ) Delete  
Name: VITITO, CHRISTOPHER  
Address: 1170 CELEBRATION BOULEVARD, SUITE 100  
City-St-Zip: CELEBRATION, FL 34747 US

Title: S ( ) Delete  
Name: ELLIOTT, BRENT  
Address: 1170 CELEBRATION BOULEVARD, SUITE 100  
City-St-Zip: CELEBRATION, FL 34747 US

**ADDITIONS/CHANGES:**

Title: MGMR (X) Change ( ) Addition  
Name: VITITO, CHRISTOPHER J MANAGER  
Address: 1170 CELEBRATION BOULEVARD, SUITE 100  
City-St-Zip: CELEBRATION, FL 34747 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER J VITITO

MGR

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date