

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90092 025 \*\*\*\*50.00

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # L99000001369</b>   |   |  |   |  |  |
| <b>1. Entity Name</b><br>IDELLA L.L.C.   |   |  |   |  |  |
| <b>Principal Place of Business</b><br>300 SOUTH FEDERAL HIGHWAY<br>STUART, FL 34994  |   |  | <b>Mailing Address</b><br>300 SOUTH FEDERAL HIGHWAY<br>STUART, FL 34994 |  |  |
| <b>2. Principal Place of Business</b>  |   | <b>3. Mailing Address</b><br>P.O. BOX 906                    |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |  |  |
| City & State   |   | City & State<br>STUART, FL                                   |   | <b>4. FEI Number</b><br>65-1099820                 |  |
| Zip  |   | Zip<br>34995   |   | Country<br>USA                                     |  |
| <b>6. Name and Address of Current Registered Agent</b><br>ANDRUS, KEELY<br>300 SOUTH FEDERAL HIGHWAY<br>STUART, FL 34994   |   |  |   | <b>7. Name and Address of New Registered Agent</b> |  |
| Name   |   |  |   | Street Address (P.O. Box Number is Not Acceptable) |  |
| City   |   |  |   | Zip Code   |  |
| <b>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.</b>   |   |  |   |  |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | MGRM<br>ANDRUS, KEELY<br>300 SOUTH FEDERAL HIGHWAY.<br>STUART, FL 34994 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                        |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition       |  |  |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b> |   |  |   |  |  |
| <b>SIGNATURE:</b>  |   |  | 1-18-05 772-285-6855  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |  | <small>Date Daytime Phone #</small>                                     |  |  |