## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT -

## FILED Jan 31, 2007 08:00 AM Secretary of State

	ANNUAL REPORT -		Secretary	of State	
DOCU	MENT # M03000002839	1 1 1 A	Secretary	or State	
1. Entity Nam			Total		
IDC CON	STRUCTION LEC				
Puncinal Plac	e of Business Mailing Address	46.00			
1000 CHURO	· · · · · · · · · · · · · · · · · · ·	-			
	GA 30188 WOODSTOCK, GA 30188				
		The state of the s			
			01262007 No Chg-LLC CR2E083 (11/05)		
L	OO NOT WRITE IN THIS SPA	た	4. FEI Number	Applied For	
			58-2500622	Not Applicable  5.00 Additional	
		·		e Required	
6. Name and Address of Current Registered Agent					
	PORATION SYSTEM ITH PINE ISLAND ROAD		DO NOT WRITE		
	ION, FL 33324		IN THIS SPACE		
			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. Lam familiar with, and accept the obligations of registered agent. U00000614054					
Signature typed or princed name of registered agent and title it applicable (NOTE Registered Agent signature required when re-ratisfing) DATE					
F	iling Fee is \$50.00		The state of the s	<u>.</u> * • ·	
מ	iling Fee is \$50.00 lue by May 1, 2007				
9.	MANAGING MÈMBERS/MANAGÉRS		The second secon		
TITLE	MGRM FINCH, CHARLES		<del></del>	, ,	
SIRLEI ADDRESS	3000 AVENUE PL APT 304				
CITY-ST ZIP	WOODSTOCK, GA 30189	1			
IIILE	MGRM				
NAME STREET ADDRESS	WILLIAMS, GARY 4708 MYSTIC COURT				
GITY ST ZIP	ROSWELL, GA 30075				
TOTLE	MGRM	1			
NAME	WILLIAMS, GINA				
STREET ADDRESS	4708 MYSTIC COURT ROSWELL, GA 30075	1	DO NOT WRITE		
TITLE	TROUVELLE SA 00010	1			
NAME			IN THIS SPACE		
STREET ADDRESS					
CITY SI-ZIP					
NAME					
SIRLEI ADDRESS					
CITY-SI ZIP					
TITLE NAME		_		•	

11. Thereby certify that the information supplied with this filing does not qualify for the eximptions 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 san e 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.

STREET ADDRESS CITY-ST AP

SIGNATURE: July J. June
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZE'S REFRESENTATIVE

29/07 678-428593