2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2006
Secretary of State

DOCUMENT# M97000000299

Entity Name: IDMANN COMPANY L.L.C.

Current Principal Place of Business:

4365 STONEYCROFT
OKEMOS, MI 48864

New Principal Place of Business:

254 WEST 35TH STREET
MIAMI BEACH, FL 33140

Current Mailing Address:

4365 STONEYCROFT
OKEMOS, MI 48864

New Mailing Address:

245 WEST 35TH STREET
MIAMI BEACH, FL 33140

FEI Number: 38-3335080 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, ANNIE
254 WEST 35 STREET
MIAMI BEACH, FL 33140 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: MGR ( ) Delete
Name: LOWRIE, CHARLES T
Address: 4365 STONEYCROFT
City-St-Zip: OKEMOS, MI 48864

Title: MGR ( ) Delete
Name: SMITH, ANNIE
Address: 254 WEST 35TH STREET
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LOWRIE, CHARLES T
Address: 254 WEST 35TH STREET
City-St-Zip: MIAMI BEACH, FL 33140

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES T. LOWRIE MGR 07/12/2006

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