

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005387

Entity Name: PRODUCTIVE IDEAS, L.L.C.

FILED
Apr 11, 2008
Secretary of State

Current Principal Place of Business:

100 DEER HAVEN DRIVE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3191
PONTE VEDRA BEACH, FL 320043191

New Mailing Address:

100 DEER HAVEN DRIVE
PONTE VEDRA BEACH, FL 32082

FEI Number: 59-3646306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, LARRY E
100 DEER HAVEN DRIVE
PONTE VEDRA, FL 32082 US

Name and Address of New Registered Agent:

ROSE, LARRY E
100 DEER HAVEN DRIVE
PONTE VEDRA BEACH, FL 32082 US

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:

04/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSE, LARRY E
Address: 100 DEER HAVEN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL

Title: MGRM () Delete
Name: ROSE, VICKIE L
Address: 100 DEER HAVE DR
City-St-Zip: PONTE VEDRA BEACH, FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROSE, LARRY E
Address: 100 DEER HAVEN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM (X) Change () Addition
Name: ROSE, VICKIE L
Address: 100 DEER HAVE DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: LARRY E. ROSE

MGRM

04/11/2008

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