

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90057 006 ****50.00

20031712



03212006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L00000010926
 1. Entity Name
 IDEA GARDEN ADVERTISING AND PUBLIC RELATIONS, LC



Principal Place of Business
 2057 UNITES STATES HIGHWAY ONE
 VERO BEACH, FL 32960 US

Mailing Address
 2057 UNITES STATES HIGHWAY ONE
 VERO BEACH, FL 32960 US

2. Principal Place of Business
 805 - 16th PLACE
 Suite, Apt. #, etc.

3. Mailing Address
 805 - 16th PLACE
 Suite, Apt. #, etc.

City & State
 VERO BEACH FL

City & State
 VERO BEACH FL

Zip
 32960

Country
 USA

Zip
 32960

Country
 USA

4. FEI Number
 65-1043287

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 DILUCENTE, SALLY
 455 38TH COURT
 VERO BEACH, FL 32968

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GRZESIAK, DONNA	
STREET ADDRESS	4635 1ST STREET	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GRZESIAK, BRIAN	
STREET ADDRESS	4635 1ST STREET	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DILUCENTE, SALLY	
STREET ADDRESS	455 38TH COURT	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 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: Donna Grzesiak, MGRM Date: 4/12/06 Daytime Phone #: 772-778-2832