2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State
04-26-2007 90037 019 ****50.00

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

Principal Place of Business	Mailing Address
865 16TH PL VERO BEACH, FL 32960 US	865 16TH PL VERO BEACH, FL 32960 US

30008238

04132007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	GRZESIAK, DONNA
STREET ADDRESS	4635 1ST STREET
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	MGRM
NAME	GRZESIAK, BRIAN
STREET ADDRESS	4635 1ST STREET
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	MGRM
NAME	DILUCENTE, SALLY
STREET ADDRESS	455 38TH COURT
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #