
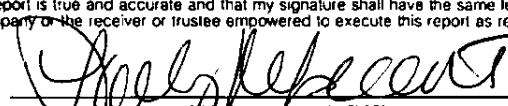


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 18, 2007 8:00 am
Secretary of State

04-26-2007 90037 019 ****50.00

DOCUMENT # L00000010926		
1. Entity Name IDEA GARDEN ADVERTISING AND PUBLIC RELATIONS, LC		
Principal Place of Business 865 16TH PL VERO BEACH, FL 32960 US		Mailing Address 865 16TH PL VERO BEACH, FL 32960 US
DO NOT WRITE IN THIS SPACE		
		04132007 No Chg-LLC CR2E083 (11/05)
4. FEI Number 65-1043287		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent DILUCENTE, SALLY 455 38TH COURT VERO BEACH, FL 32968		DO NOT WRITE 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRZESIAK, DONNA 4635 1ST STREET VERO BEACH, FL 32968	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRZESIAK, BRIAN 4635 1ST STREET VERO BEACH, FL 32968	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DILUCENTE, SALLY 455 38TH COURT 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		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date _____ Daytime Phone # _____