


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90381 017 ****50.00

DOCUMENT # L04000009963 1. Entity Name IDEAL VENTURES, LLC					
Principal Place of Business 595 S. FEDERLA HWY., STE. 220 BOCA RATON, FL 33432			Mailing Address P.O. BOX 1466 TAMPA, FL 33601		
2. Principal Place of Business 220 East Madison St.		3. Mailing Address Suite, Apt. #, etc. Suite 1110		02242005 Chg-LLC CR2E083 (10/03)	
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 20-0695214	
Zip 33602		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLUMENTHAL, RUSSELL 3225 S. MACDILL AVE. SUITE 337 TAMPA, FL 33629				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 220 East Madison Street Suite 1110 City Tampa, FL Zip 33602	
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. Russell Blumenthal SIGNATURE <i>[Signature]</i> DATE <i>3/5/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLUMENTHAL, RUSSELL 3225 S. MACDILL AVE., SUITE TAMPA, FL 33611		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 220 East Madison Street; Suite 1110 Tampa, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERONA, BRETT P.O. BOX 18191 TAMPA, FL 33679		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 220 East Madison St., Suite 1110 Tampa, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Russell Blumenthal <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				813-224-0742 <small>Date Daytime Phone #</small>	

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