2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000036080

1. Entity Name

IDEAL INVESTMENT PROPERTIES PARTNERS, LLC



FILED Apr 10, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2355 SOUTH RIDGEWOOD AVENUE SUITE D

2355 SOUTH RIDGEWOOD AVENUE SUITE D

SUITE D SOUTH DAYTONA, FL 32119

SOUTH DAYTONA, FL 32119



DO NOT WRITE IN THIS SPACE

03132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number | 20-1266582

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

GOEPFERT, SHAWN 2355 SOUTH RIDGEWOOD AVENUE SUITE D

SOUTH DAYTONA, FL 32119

DO	NOT	WRITE
IN	THIS	SPACE

		}	ì
	named entity submits this statement for the purpose of changlans of registered agent.	ging its registered office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstaling)	DATE
Filing Fee is \$50.00 Due by May 1, 2006			U00000500110 04/25/06-80010-015 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOEPFERT, SHAWN 2251 BRIAN AVENUE SOUTH DAYTONA, FL 32119		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			;
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE
TITLE NAME STREET AODRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby o	entity that the information supplied with this filling does not q	ualify for the exemptions contained in Chapter:	t 19.) Florida Statutes. I further certify that the information

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 pedurate and that my signature shift have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the repetiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE: Mun for Signing Managing Member, or authorized representative

3/12/66

Date

384) 504 5013

Daytime Phone 4