

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000036080**

1. Entity Name  
**IDEAL INVESTMENT PROPERTIES PARTNERS, LLC**



Principal Place of Business  
**2355 SOUTH RIDGEWOOD AVENUE  
SUITE D  
SOUTH DAYTONA, FL 32119**

Mailing Address  
**2355 SOUTH RIDGEWOOD AVENUE  
SUITE D  
SOUTH DAYTONA, FL 32119**



03122007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1266582</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. 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**

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 *Shawn A. Goepfert* *Shawn A. Goepfert* *3/12/07*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GOEPFERT, SHAWN 2251 BRIAN AVENUE SOUTH DAYTONA, FL 32119</b>
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04/03/07-80011-012 50.00

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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: *Shawn Goepfert, Mgr* *3/12/07* *(386) 504-5055*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #