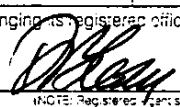


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90164 003 ****50.00

DOCUMENT # L04000036187 1. Entity Name IDEAL VENTURES II, LLC					
Principal Place of Business 18851 N.E. 29TH AVE. SUITE 305 AVENTURA, FL 33180			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		Suite, Apt. #, etc. 			
City & State Tampa, FL		City & State 		4. FEI Number 20-1112275	
Zip 33602		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLUMENTHAL, RUSSELL 595 S. FEDERAL HWY SUITE 220 BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 220 E. Madison St. Suite 1110 Tampa, FL 33602		
8. The above named entity submits this statement for the purpose of changing its registration office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Russell Blumenthal</u>  <u>3/24/05</u> Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE					
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 595 S FEDERAL HWY, SUITE 220 BOCA RATON, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	220 E. Madison Suite 1110 Tampa, FL 33602	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VERONA, BRETT 595 S FEDERAL HWY, SUITE 220 BOCA RATON, FL 33432	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	220 E. Madison Suite 1110 Tampa, FL 33602	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Change ☐ 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: <u>Russell Blumenthal</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			 <u>3/24/05</u> 813-224-0742 Date Daytime Phone #		