


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

03-18-2005 90381 016 \*\*\*\*50.00

DOCUMENT # L04000044996	
1. Entity Name IDEAL MANAGEMENT, LLC	

20022134



Principal Place of Business 595 S FEDERAL HWY SUITE 220 BOCA RATON, FL 33432	Mailing Address P.O. BOX 1466 TAMPA, FL 33601
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2. Principal Place of Business 220 East Madison St.	3. Mailing Address
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Suite, Apt. #, etc. Suite 1110	Suite, Apt. #, etc.
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City & State Tampa, FL	City & State
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Zip 33602	Country USA	Zip	Country
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02232005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1245731	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 East Madison Street Suite 1110 City Tampa FL Zip Code 33602
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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 Russell Blumenthal *[Signature]* *[Signature]*  
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, 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 <input type="checkbox"/> Delete 595 S FEDERAL HWY, SUITE 220 BOCA RATON, FL 33432	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	MGRM VERONA, BRETT <input type="checkbox"/> Delete 595 S FEDERAL HWY, SUITE 220 BOCA RATON, FL 33432	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 *[Signature]* 813-224-0742  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #