

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063257

FILED
Jan 12, 2006
Secretary of State

Entity Name: GOOD IDEA INVESTMENTS, LLC

Current Principal Place of Business:

5825 COLLINS AVENUE, APT 10H
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

5825 COLLINS AVENUE, APT 10H
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 20-1548137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, MICHAEL A
2514 HOLLYWOOD BOULEVARD, SUITE 508
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ATTARD, DERICK J
Address: 5825 COLLINS AVENUE, APT 10H
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR () Delete
Name: ATTARD, CRISTIANE
Address: 5825 COLLINS AVENUE, APT 10H
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR () Delete
Name: MARTINS, ANA CLAUDIA
Address: 5825 COLLINS AVENUE, APT 10H
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CRISTIANE D ATTARD

MGR

01/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date