2005 LIMITED LIABILITY COMPANY

Jul 15, 2005 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # L04000081728** 07-15-2005 90066 025 ****50.00 1. Entity Name IDEAS EAST, LLC Principal Place of Business Mailing Address 20063969 1275 BENNETT ROAD 1275 BENNETT ROAD SUITE 118 SUITE 118 LONGWOOD, FL 32750 LONGWOOD, FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07132005 Chg-LLC CR2E083 (10/03) 4. FEI Number 80-235593 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENNON, HANS ESQ. Street Address (P.O. Box Number is Not Acceptable) 20 NORTH ORANGE AVENUE 10TH FLOOR ORLANDO, FL 32801 Zip Code 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 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 September 7, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE Delete TITLE ☐ Change Addition PARKER, RICHARD JR. NAME NAME STREET ADDRESS 1275 BENNETT DRIVE, SUITE 118 STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 CITY-ST-ZIP TITLE MGRM ☐ Delete TITI F ☐ Change ☐ Addition NAME PRICE, GREGORY NAME STREET ADDRESS 166 SWEETGUM LANE STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32129 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SOGAN, KENNETH NAME STREET ADDRESS 2289 LA ROSA LANE STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32119 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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.

NAME

STREET ADDRESS

CITY-ST-71P

NAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-ZIP



FILED