
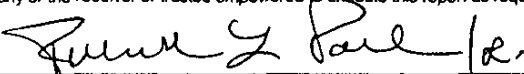


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2006 8:00 am
Secretary of State

09-14-2006 90051 011 ****50.00

DOCUMENT # L04000081728 1. Entity Name IDEAS EAST, LLC			
Principal Place of Business 1275 BENNETT ROAD SUITE 118 LONGWOOD, FL 32750		Mailing Address 1275 BENNETT ROAD SUITE 118 LONGWOOD, FL 32750	
2. Principal Place of Business 1275 BENNETT DRIVE Suite, Apt. #, etc. #118		3. Mailing Address 1275 BENNETT DRIVE Suite, Apt. #, etc. #118	
City & State Longwood FL.		City & State Longwood FL.	
Zip 32750	Country USA	Zip 32750	Country USA
4. FEI Number 20-2355937		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KENNON, HANS ESQ. 20 NORTH ORANGE AVENUE 10TH FLOOR ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 15, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, RICHARD JR.	NAME	
STREET ADDRESS	1275 BENNETT DRIVE, SUITE 118	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32750	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, GREGORY	NAME	MGRM
STREET ADDRESS	166 SWEETGUM LANE	STREET ADDRESS	PRICE, GREGORY
CITY-ST-ZIP	PORT ORANGE, FL 32129	CITY-ST-ZIP	370 WESTERN RD.
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	NEW SMYRNA BCH, FL 32168
NAME	SOGAN, KENNETH	NAME	
STREET ADDRESS	2289 LA ROSA LANE	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32119	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		9-7-06 407-889-3843	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	