


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90108 018 \*\*\*\*50.00

<b>DOCUMENT # L04000090383</b> 1. Entity Name <b>ENTREPRENEURING IDEAS, LLC</b>					
Principal Place of Business <b>6465 65TH ST. N. PINELLAS PARK, FL 33781</b>			Mailing Address <b>6465 65TH ST. N. PINELLAS PARK, FL 33781</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>25-1922731</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				08212006    Chg-LLC    CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  <b>RICHARD T. AVIS, ATTORNEY 1325 SNELL ISLE BLVD., SUITE 205C ST. PETERSBURG, FL 33704</b>			7. Name and Address of New Registered Agent Name <b>BRENDA L. GAL</b> Street Address (P.O. Box Number is Not Acceptable) <b>6465 65TH STREET North</b> City <b>PINELLAS PARK</b> FL    Zip Code <b>33781</b>		
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 <u><i>Brenda L. Gal</i></u> <u><i>August 21, 2006</i></u> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GAL, BRENDA 6465 65TH ST. N. PINELLAS PARK, FL 33781</b> <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	
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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 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: <u><i>Brenda L. Gal</i></u>			<u><i>August 21, 2006</i></u> <i>6511548-7776</i> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>		