2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007
Secretary of State

DOCUMENT# L05000030227

Entity Name: IDEAL VENTURES VII, LLC

Current Principal Place of Business:

400 N ASHLEY
SUITE 2010
TAMPA, FL 33602 US

New Principal Place of Business:

400 N ASHLEY DR
SUITE 2010
TAMPA, FL 33602 US

Current Mailing Address:

PO BOX 1466
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: 20-2671781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VERONA, BRETT
220 E MADISON ST, STE 1110
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

VERONA, BRETT
400 N ASHLEY DR, SUITE 2010
TAMPA, FL 33602 US

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: BRETT VERONA 03/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BLUMENTHAL, RUSSELL
Address: 220 E MADISON ST, STE 1110
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM ( ) Delete
Name: VERONA, BRETT
Address: 220 E MADISON ST, STE 1110
City-St-Zip: TAMPA, FL 33602 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BLUMENTHAL, RUSSELL
Address: 400 N ASHLEY DR, SUITE 2010
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM (X) Change ( ) Addition
Name: VERONA, BRETT
Address: 400 N ASHLEY DR, SUITE 2010
City-St-Zip: TAMPA, FL 33602 US

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: BRETT VERONA MGRM 03/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date