


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90173 027 ***138.75

DOCUMENT # L05000106311

1. Entity Name
IDEAL MANAGEMENT SERVICES OF WATERFORD LAKES, LLC



Principal Place of Business 616 N. MAYO STREET CRYSTAL BEACH, FL 34681	Mailing Address P.O. BOX 56 CRYSTAL BEACH, FL 34681
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60017924



02222008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3714452	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CORP DIRECT AGENTS, INC.~~ **ROBERT L DINGESS**
~~515 EAST PARK AVENUE~~
~~LACRASSEE, FL 32301~~
P.O. BOX 56
616 N. MAYO ST.
CRYSTAL BEACH, FL 34681

DO NOT WRITE IN THIS SPACE

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: ROBERT L DINGESS, CEO Robert L Dingess 3-15-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75 **FL DEPT OF STATE**
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DINGESS, ROBERT P.O. BOX 56 CRYSTAL BEACH, FL 34681
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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: Robert L Dingess ROBERT L DINGESS 3-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #