FILED
May 08, 2006 8:00 am
Secretary of State

04-10-2006 90037 004 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000109878

1. Entity Name
IDEAL, LLC

Principal Place of Business	Mailing Address
1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236	1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236

04062006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
3859 Bee Ridge Rd	3859 Bee Ridge Rd
Suite, Apt. #, etc. Sarasota, FL	Suite, Apt. #, etc.
City & State 34233 USA	City & State Sarasota, FL
Zip / Country	Zip 34233 Country USA

4. FEI Number 20-4815762 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COMPTON, JOHN M 1819 MAIN STREET, SUITE 610 SARASOTA, FL 34236	Name Karen Johnston Street Address (P.O. Box Number is Not Acceptable) 3859 Bee Ridge Rd City Sarasota, FL Zip Code 34233

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] Vice President 4/6/06
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 May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE Manager NAME Todd Johnston STREET ADDRESS 3859 Bee Ridge Rd CITY-ST-ZIP Sarasota, FL 34233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE Manager NAME Karen Johnston STREET ADDRESS 3859 Bee Ridge Rd CITY-ST-ZIP Sarasota, FL 34233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/6/06 941-925-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #