
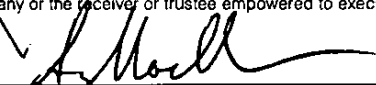


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90030 038 ***138.75

DOCUMENT # L06000008137					
1. Entity Name IDEAL PROPERTIES REALTY, LLC					
Principal Place of Business 1730 S. FEDERAL HIGHWAY, SUITE 283 DELRAY BEACH, FL 33483			Mailing Address 1730 S. FEDERAL HIGHWAY, SUITE 283 DELRAY BEACH, FL 33483		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 1730 S. Federal Hwy Suite 377		3. Mailing Address Suite, Apt. #, etc. 1730 S. Federal Hwy Suite 377			
City & State Delray Beach, FL		City & State Delray Beach, FL		4. FEI Number 14-1952240	
Zip 33483		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIELS, STEVEN L ESQ. ARNSTEIN & LEHR LLP 515 N. FLAGLER DRIVE WEST PALM BEACH, FL 33401			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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EFRON, SCOTT 6075 VIA CRYSTALLE DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Efron, Scott 959 Eve St, Delray Bch, FL 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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:  04-30-2008 954-6779292					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					