


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90014 038 ****50.00

DOCUMENT # L06000053413
 1. Entity Name
 IDEAL MANAGEMENT SERVICES OF GAINESVILLE, LLC



Principal Place of Business
 616 N MAYO STREET
 CRYSTAL BEACH, FL 34681

Mailing Address
 PO BOX 56
 CRYSTAL BEACH, FL 34681

60052813



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. # etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

07112007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 20-5040778 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 AMERICAN INFORMATION SERVICES, INC.
 401 E. JACKSON STREET STE 1700
 TAMPA, FL 33602

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 _____

Filing Fee is \$50.00 Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DINGESS, ROBERT PO BOX 56 CRYSTAL BEACH, FL 34681 <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	MGRM DINGESS, SHERRY PO BOX 56 CRYSTAL BEACH, FL 34681 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Dingess ROBERT DINGESS 7-13-07 727-743-0749
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #