

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072574

Entity Name: FLORIDA IDEAL REALTY, LLC

FILED
Feb 07, 2009
Secretary of State

Current Principal Place of Business:

420 MONTANA AVENUE
DAVENPORT, FL 33837

New Principal Place of Business:

420 MONTANA AVENUE
DAVENPORT, FL 33897

Current Mailing Address:

P.O. BOX 135454
CLERMONT, FL 34713

New Mailing Address:

FEI Number: 20-5260093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEITER, G A
5075 GREENWAY ROAD
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GEORGE A. HEITER, P., A.
Address: 5075 GREENWAY ROAD
City-St-Zip: KISSIMMEE, FL 34745

Title: MGRM () Delete
Name: BUCKLEY, PATRICA A
Address: 44 STEVANAGE ROAD, KNEBWORTH
City-St-Zip: HERTFORDSHIRE, UK SG3 GNN XX

Title: MGRM () Delete
Name: BUCKLEY, STUART J
Address: 44 STEVANAGE ROAD, KNEBWORTH
City-St-Zip: HERTFORDSHIRE, UK SG3 GNN XX

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BUCKLEY, STUART J
Address: 430 MONTANA AVENUE
City-St-Zip: DAVENPORT, FL 33897

I hereby certify that the information supplied with this filing does not qualify 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: GEORGE A HEITER

MGRM

02/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date