2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007
Secretary of State

DOCUMENT# L06000099880

Entity Name: IDEAL DEVELOPMENT OF FLORIDA, LLC

Current Principal Place of Business:

8841 COLLEGE PARKWAY
SUITE 105
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

8841 COLLEGE PARKWAY
SUITE 105
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 20-5706093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRESIDENTIAL SERVICES INCORPORATED
1217 CAPE CORAL PARKWAY
#300
CAPE CORAL, FL US

Name and Address of New Registered Agent:

NOVICKI, WALTER J
2818 SW 49TH TERRACE
CAPE CORAL, FL 33914 US

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: WALTER J NOVICKI 03/23/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BAKUN, DAVID
Address: 8841 COLLEGE PARKWAY SUITE 105
City-St-Zip: FORT MYERS, FL 33919

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: NOVICKI, WALTER J
Address: 8841 COLLEGE PARKWAY SUITE 105
City-St-Zip: FORT MYERS, FL 33919

Title: VP ( ) Change (X) Addition
Name: BAKUN, DAVID
Address: 8841 COLLEGE PARKWAY STE 105
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the 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: WALTER J NOVICKI PRES 03/23/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date