

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107746

FILED
Mar 27, 2007
Secretary of State

Entity Name: IDEAL CONSULTING GROUP LLC

Current Principal Place of Business:

3105 W WATERS AVENUE
105
TAMPA, FL 33601 US

New Principal Place of Business:

400 N ASHLEY DR, SUITE 2010
TAMPA, FL 33602 US

Current Mailing Address:

P O BOX 1466
TAMPA, FL 33601 US

New Mailing Address:

FEI Number: 20-5847169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERONA, BRETT
400 N ASHLEY DR, SUITE 2010
TAMPA, FL 33602 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: VERONA, BRETT
Address: P O BOX 1466
City-St-Zip: TAMPA, FL 33601 US

Title: MGR () Delete
Name: BLUMENTHAL, RUSSELL
Address: P O BOX 1466
City-St-Zip: TAMPA, FL 33601 US

Title: MGR () Delete
Name: WEINZIERL, MARK
Address: P O BOX 1466
City-St-Zip: TAMPA, FL 33601 US

Title: MGR () Delete
Name: DINGESS, ROBERT
Address: P O BOX 1466
City-St-Zip: TAMPA, FL 33601 US

Title: MGR () Delete
Name: VAN NORTWICK, CRAIG
Address: P O BOX 1466
City-St-Zip: TAMPA, FL 33601 US

ADDITIONS/CHANGES:

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

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

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

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

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

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: BRETT VERONA

MGRM

03/27/2007

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