

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90021 004 \*\*\*138.75

**DOCUMENT # L07000121887**

1. Entity Name  
IDEAS REALTY, LLC



Principal Place of Business  
400 ARTHUR GODFREY ROAD, SUITE 200  
MIAMI BEACH, FL 33140

Mailing Address  
400 ARTHUR GODFREY ROAD, SUITE 200  
MIAMI BEACH, FL 33140

60031443

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182008 Chg-LLC CR2E083 (12/06)

4. FEI Number

☒ Applied For  
☐ Not Applied

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAMONT NEIMAN INTERIAN & BELLET, P.A.  
ONE BISCAYNE TOWER, #3550  
TWO SOUTH BISCAYNE BLVD.  
MIAMI, FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE MGR ☐ Delete  
NAME WOLMAN, PHILIP  
STREET ADDRESS 400 ARTHUR GODFREY ROAD, SUITE 200  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE MGR ☐ Delete  
NAME SHEPPARD, ERIC D  
STREET ADDRESS 400 ARTHUR GODFREY ROAD, SUITE 200  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE MGR ☐ Delete  
NAME WEDREN, WILLIAM  
STREET ADDRESS 400 ARTHUR GODFREY ROAD, SUITE 200  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Ad  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Ad  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Ad  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Ad  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*(Signature)*  
4/24/08