2005 LIMITED LIABILITY COMPANY

FILED Apr 28, 2005 08:00 AM

ANNUAL REPORT			Sacretary of State
DOCUMENT # M0100002068 1. Entity Name IDEAL BRANDS ENTERPRISES LLC			Secretary of State
Principal Place of Business Mailing Address 100 SOUTH THIRD STREET 100 SOUTH THIRD STREET COLUMBUS, OH 43215 COLUMBUS, OH 43215		ET	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	OO NOT WRITE IN THIS SE	PACE	04262005 No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For Not Applicable 31-1795265 Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required
Name and Address of Current Registered Agent			
KRINER, DEBORÄH L 1201 US HIGHWAY ONE, SUITE 350A NORTH PALM BEACH, FL 33408			DO NOT WRITE IN THIS SPACE
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 Filling Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKINGTON, INC. 100 SOUTH THIRD STREET COLUMBUS, OH 43215		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			04/28/05-80056-023 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME SYREET ADDRESS CITY-ST-ZIP		·	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE	1	E.	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Walkington Inc. by Its President James A. Rutledge
NATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP