

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M04000000034

**FILED**  
**Feb 11, 2007**  
**Secretary of State**

**Entity Name:** GOOD IDEAS, LLC

**Current Principal Place of Business:**

1490 N E PINE ISLAND ROAD  
BUILDING 5  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

P. O. BOX 502880  
ST. THOMAS, VI 00805

**Current Mailing Address:**

1490 N E PINE ISLAND ROAD  
BUILDING 5  
CAPE CORAL, FL 33909

**New Mailing Address:**

950 N COLLIER BOULEVARD  
SUITE 408  
MARCO ISLAND, FL 34145

**FEI Number:** 66-0634852

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLLINS, ANTHONY V  
1490 N E PINE ISLAND ROAD  
BUILDING 5  
CAPE CORAL, FL 33909 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: MGR ( ) Delete  
Name: COLLINS, ANTHONY V  
Address: 1490 N E PINE ISLAND ROAD BUILDING 5  
City-St-Zip: CAPE CORAL, FL 33909

**ADDITIONS/CHANGES:**

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:** ANTHONY V. COLLINS

MGR

02/11/2007

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