



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90136 015 ****50.00

DOCUMENT # L02000010028					
1. Entity Name CENTRAL TURF FARMS LLC					
Principal Place of Business 1500 ORANGE AVE ST CLOUD, FL 34769			Mailing Address 1500 ORANGE AVE ST CLOUD, FL 34769		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 30-0069006				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KELLEY, MIKE 1500 ORANGE AVE ST CLOUD, FL 34769			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KELLEY, MIKE	NAME			
STREET ADDRESS	1500 ORANGAE AVE	STREET ADDRESS			
CITY-ST-ZIP	ST CLOUD, FL 34769	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PERRY, ROBERT	NAME			
STREET ADDRESS	1500 ORANGAE AVE	STREET ADDRESS			
CITY-ST-ZIP	ST CLOUD, FL 34769	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VENTURE HOLDINGS, INC.	NAME	Venture Holdings, Inc.		
STREET ADDRESS	1500 ORANGAE AVE	STREET ADDRESS	1947 Black Lake Blvd		
CITY-ST-ZIP	ST CLOUD, FL 34769	CITY-ST-ZIP	Winter Garden, FL 34787		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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.					
SIGNATURE: 		Date: 3/12/05		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					