


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2005 8:00 am
Secretary of State

05-19-2005 90208 017 ****50.00


DOCUMENT # L03000038074 1. Entity Name ROCKY MOUNTAIN VENTURES, LLC	
--	---

Principal Place of Business 13300-56 S. CLEVELAND AVE. SUITE #159 FT. MYERS, FL 33907	Mailing Address 13300-56 S. CLEVELAND AVE. SUITE #159 FT. MYERS, FL 33907
---	---

2. Principal Place of Business 4204 Avian Avenue Suite, Apt. #, etc.	3. Mailing Address 4204 Avian Avenue Suite, Apt. #, etc.
---	---

City & State Fort Myers, FL	City & State Fort Myers, FL
---------------------------------------	---------------------------------------

Zip 33916	Country USA	Zip 33916	Country USA
---------------------	-----------------------	---------------------	-----------------------




05092005 Chg-LLC CR2E083 (10/03)

4. FEI Number 30-0219713	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent HEROUX, RICHARD 8929 GREENWICH HILLS WAY FORT MYERS, FL 33908	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4204 Avian Avenue City Fort Myers FL Zip Code 33916
---	---

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 **5-15-05**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State
---	--	--

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEROUX, RICHARD 8929 GREENWICH HILLS WAY FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4204 Avian Avenue Fort Myers, FL 33916	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **5-15-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #