

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 07, 2006
Secretary of State**

DOCUMENT# L04000009760

Entity Name: FLAT WATER VENTURES, LLC

Current Principal Place of Business:

508 FIRST AVENUE SOUTH
TIERRA VERDE, FL 33715

New Principal Place of Business:

Current Mailing Address:

508 FIRST AVENUE SOUTH
TIERRA VERDE, FL 33715

New Mailing Address:

FEI Number: 51-0497123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWN TIME VENTURES, LLC
508 1ST AVE S
TIERRA VERDE, FL 33715 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: MGRM () Delete
Name: DOWN TIME VENTURES., LLC
Address: 508 FIRST AVENUE SOUTH
City-St-Zip: TIERRA VERDE, FL 33715

Title: MGRM () Delete
Name: BUSBY, GEORGE A
Address: 130 7TH ST E
City-St-Zip: TIERRA VERDE, FL 33715

Title: MGRM () Delete
Name: BUSBY, KATHLEEN
Address: 130 7TH ST E
City-St-Zip: TIERRA VERDE, FL 33715

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PATRICK BOWLER

MGRM

01/07/2006

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