FILED
03 SEP 29 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008413

1. Entity Name
VENTURES UNLIMITED, L.L.C.

200023404102
09/29/03--01092--005 **50.00

Principal Place of Business	Mailing Address
2188 E. EAU GALLIE BLVD., #136 INDIAN HARBOUR BEACH, FL 32937	2188 E. EAU GALLIE BLVD., #136 INDIAN HARBOUR BEACH, FL 32937

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1900 S. HARBOR CITY BLVD	
Suite, Apt. #, etc. 315	Suite, Apt. #, etc.
City & State MELBOURNE, FL	City & State
Zip 32901 Country USA	Zip Country

4. FEI Number — X Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAWKINS, MICHAEL W 2188 E. EAU GALLIE BLVD., #136 INDIAN HARBOUR BEACH, FL 32937	Name MICHAEL W HAWKINS Street Address (P.O. Box Number is Not Acceptable) 1900 S HARBOR CITY BLVD SUITE 315 City MELBOURNE FL Zip Code 32901

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] 9/26/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HAWKINS, MICHAEL W P.O. BOX 361974 MELBOURNE, FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CEO MICHAEL W HAWKINS 1435 BROOK DR MELBOURNE, FL 32935	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DIETERLE, JASON 3900 DOW RD., SUITE A MELBOURNE, FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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: [signature] MICHAEL W. HAWKINS 9/26/03 321-308-0126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #