

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000011936 1. Entity Name HERMAN VENTURES, LC		
Principal Place of Business 1000 30TH ST S SAINT PETERSBURG, FL 33712	Mailing Address PO BOX 14553 ST. PETERSBURG, FL 33733	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HERMAN, TED A 1000 30TH ST S. SAINT PETERSBURG, FL 33712		DO NOT WRITE IN THIS SPACE
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERMAN, TED A 1000 30TH ST S SAINT PETERSBURG, FL 33712	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERMAN, JANE A 1000 30TH ST S SAINT PETERSBURG, FL 33712	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Jane Herman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		<u>4/20/06</u> Date



04192006No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3673960	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

U00000526011
05/04/06-80057-014 50.00