

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012405

Entity Name: TARGET VENTURES, L.L.C.

FILED
Jun 18, 2004
Secretary of State

Current Principal Place of Business:

BOX 3553
PONTE VEDRA BEACH, FL 32004

New Principal Place of Business:

4567 HALKIRK COURT
PALM HARBOR, FL 34685

Current Mailing Address:

BOX 3553
PONTE VEDRA BEACH, FL 32004

New Mailing Address:

BOX 3553
PONTE VEDRA BEACH, FL 32004

FEI Number: 59-3675346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, STEVE G
BOX 3553
PONTE VEDRA BEACH, FL 32004 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/MEMBERS:

Title: MGRM () Delete
Name: FRANKS, THOMAS D
Address: 547 HAYWOOD ROAD
City-St-Zip: ASHEVILLE, NC 28806

Title: MGRM () Delete
Name: AKRE, JANE ELIZABETH
Address: 25400 US 19 N., SUITE 192
City-St-Zip: CLEARWATER, FL 33763

Title: MGRM () Delete
Name: WILSON, STEPHEN G
Address: 25400 US 19 N., SUITE 192
City-St-Zip: CLEARWATER, FL 33763

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 Section 119.07(3)(i), 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: STEVE WILSON

MGRM

06/18/2004

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