

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000013698

Entity Name: MOD VENTURES, LLC

FILED  
Jul 15, 2005  
Secretary of State

**Current Principal Place of Business:**

27 N. SUMMERLIN AVE.  
ORLANDO, FL 32801

**New Principal Place of Business:**

PO BOX 3273  
ORLANDO, FL 32802

**Current Mailing Address:**

27 N. SUMMERLIN AVE.  
ORLANDO, FL 32801

**New Mailing Address:**

PO BOX 3273  
ORLANDO, FL 32802

FEI Number: 50-0000627      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

O'DONNELL, MICHAEL J  
530 EAST CENTRAL BLVD., #1601  
ORLANDO, FL 32801      US

**Name and Address of New Registered Agent:**

O'DONNELL, MICHAEL J  
530 EAST CENTRAL BLVD., #1901  
ORLANDO, FL 32801      US

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:

07/15/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: O'DONNELL, MICHAEL J  
Address: 27 N. SUMMERLIN AVE.  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: O'DONNELL, MICHAEL J  
Address: PO BOX 3273  
City-St-Zip: ORLANDO, FL 32802

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: MICHAEL J O'DONNELL

MGMR

07/15/2005

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