

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000002550

1. Entity Name

I-433 VENTURE, L.L.C.



FILED
Apr 22, 2005 08:00 AM
Secretary of State

Principal Place of Business

5529 US 98 N
LAKELAND FL 33809

Mailing Address

5529 U.S. HIGHWAY 98 NORTH
LAKELAND FL 33809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

59-3703982

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

SAUNDERS, JOE
5529 US HWY 98 N
LAKELAND FL 33809

Name

Street Address (P. O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM SAUNDERS, JOE L ☐ Delete
STREET ADDRESS 5529 US 98 N
CITY-ST-ZIP LAKELAND FL 33809

TITLE NAME MGRM WILHELM, KENNETH F ☐ Delete
STREET ADDRESS 5529 US 98 N
CITY-ST-ZIP LAKELAND FL 33809

TITLE NAME MGRM SAUNDERS, LEE ☐ Delete
STREET ADDRESS 5529 US 98 N
CITY-ST-ZIP LAKELAND FL 33809

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
U00000324179
04/22/05-80082-019 50.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #