

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000006659 1. Entity Name VENTEX, L.L.C.	
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Principal Place of Business 777 SOUTH HARBOUR ISLAND BLVD. #360 TAMPA, FL 33602	Mailing Address 777 SOUTH HARBOUR ISLAND BLVD. #360 TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3716409	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WALTER, ROBERT A 777 SOUTH HARBOUR ISLAND BLVD. #360 TAMPA, FL 33602	DO NOT WRITE IN THIS SPACE
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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 _____
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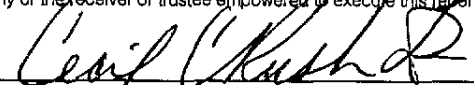
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTER, ROBERT A 777 S HARBOUR ISLAND BLVD. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSH, CECIL 4009 W. DELEON STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERLIN, KEITH 6302 PEACH ORCHARD ROAD SUMMERLAND, CANADA, bc voh 1z
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLAND, EARL 945 BELLWOOD LN VISTA, CA 92083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	January 12, 2005 Date	(813) 223-1790 Daytime Phone #
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