2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State 01-17-2006 90064 014 ****55.00

DOCUMENT # L0100006659 1. Entity Name VENTEX, L.L.C.						01-	17-2006 9006	4 014 **	33.00	
Principal Place of Business 777 SOUTH HARBOUR ISLAND BLVD. #360 TAMPA, FL 33602			Mailing Address 777 SOUTH HARBOUR ISLAND BLVD. #360 TAMPA, FL 33602				16181 (1711 BARI) BARIJ BARIJ			1711 SH (1811
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01092006	Chg-LLC	CR2E0	83 (11/05)	
City & State			City & State			4. FEI Number 59-3716			_ 	oplied For of Applicable
Zip	Country		Zip Coun		ttry	5. Certificate of	Certificate of Status Desired S. Certificate of Status Desired			
	Registered Agent		Name	7. Name and	Address of New R	egistered /	Agent			
WALTER, ROBERT A 777 SOUTH HARBOUR ISLAND BLVD. #360					Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, F		City				FL	Zip Code	е		
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										
Filing Fee is \$50.00 Due by May 1, 2006							Mak Florida		ayable to ent of State	
9.	MAN	AGING MEMBER	RS/MANAGERS	10.			ADDITIONS/			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTER, ROBERT 777 S HARBOUR IS TAMPA, FL		☐ Delete		1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSH, CECIL 4009 W. DELEON S TAMPA, FL 33609	STREET	☐ Delete		į.				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERLIN, KEITH 6302 PEACH ORCI SUMMERLAND, C		□ Delete		-)				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLAND, EARL 945 BELLWOOD L VISTA, CA 92083	N	Delete	1				- -	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	СП	ME EET ADDRESS 7-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		``	☐ Change	Addition
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 employees to execute this report as required by Chapter 608, Florida Statutes.										

Lecil Rush MANAGER JANUARY 12, 2006 8/3-72

UNTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

Date