

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90014 010 ****50.00

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DOCUMENT # L01000006659

1. Entity Name
VENTEX, L.L.C.



Principal Place of Business Mailing Address

**777 SOUTH HARBOUR ISLAND BLVD.
#360
TAMPA FL 33602**

**777 SOUTH HARBOUR ISLAND BLVD.
#360
TAMPA FL 33602**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WALTER, ROBERT A
777 SOUTH HARBOUR ISLAND BLVD.
#360
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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 *Robert A. Walter* *Robert A. Walter* *4/7/03*

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, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WALTER, ROBERT A	
STREET ADDRESS	777 S HARBOUR ISLAND BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RUSH, CECIL	
STREET ADDRESS	4009 W. DELEON STREET	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	FERLIN, KEITH	
STREET ADDRESS	6302 PEACH ORCHARD ROAD	
CITY-ST-ZIP	SUMMERLAND, CANADA BC VO-H 1Z	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	HOLLAND, EARL	
STREET ADDRESS	3118 N. 110TH STREET	
CITY-ST-ZIP	KANSAS CITY KS 66109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	945 Bellwood Lane	
CITY-ST-ZIP	VISTA, CA 92083	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(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: *Robert A. Walter* *4/7/03* *(813) 223-1790*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)