

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000011498**

1. Entity Name

TEQUESTA VENTURE, L.L.C.



Principal Place of Business:

150 NORTH U.S. HIGHWAY ONE, SUITE 5  
TEQUESTA, FL 33469

Mailing Address

150 NORTH U.S. HIGHWAY ONE, SUITE 5  
TEQUESTA, FL 33469



01172006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

02-0534323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VAN BROCK, GARY  
150 N US HIGHWAY ONE, STE 5  
TEQUESTA, FL 33469

**DO NOT WRITE  
IN THIS SPACE**

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 state if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

0000001149835  
04/08/06-80005-020 501.00

9. MANAGING MEMBERS/MANAGERS

|                |                              |
|----------------|------------------------------|
| TITLE          | MGRM                         |
| NAME           | VAN BROCK, GARY              |
| STREET ADDRESS | 150 N. U.S. HWY. ONE SUITE 5 |
| CITY-ST-ZIP    | TEQUESTA, FL 33469           |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

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 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

Date

Daytime Phone #

*Gary Van Brock* *GARY VAN BROCK* 3/20/06 561-346-1944