


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90006 005 \*\*\*\*50.00

DOCUMENT # L01000013038			
1. Entity Name EXECUTIVE VENTURES, L.L.C.			
Principal Place of Business 10225 ULMERTON RD STE 3D LARGO, FL 33771		Mailing Address 10225 ULMERTON RD STE 3D LARGO, FL 33771	
2. Principal Place of Business 455 N. Indian Rocks Rd. Suite, Apt. #, etc. Suite B City & State Belleair Bluffs, FL Zip 33770 Country USA		3. Mailing Address 455 N. Indian Rocks Rd. Suite, Apt. #, etc. Suite B City & State Belleair Bluffs, FL Zip 33770 Country USA	
4. FEI Number 59-3739333		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04202004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  ARSENAULT, KENNETH G JR 10225 ULMERTON ROAD SUITE 2 LARGO, FL 33771		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VELTMAN, DAVID M 10225 ULMERTON RD., STE 3D LARGO, FL 33771	TITLE NAME STREET ADDRESS CITY-ST-ZIP	455 N. Indian Rocks Rd, Suite B Belleair Bluffs, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____		David M Veltman 4/30/04 727584.7141	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	