



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90018 032 ****50.00

DOCUMENT # L01000013038					
1. Entity Name EXECUTIVE VENTURES, L.L.C.					
Principal Place of Business 455 N INDIAL ROCKS RD STE B BELLEAIR BLUFFS, FL 33770			Mailing Address 455 N INDIAL ROCKS RD STE B BELLEAIR BLUFFS, FL 33770		
2. Principal Place of Business 1180 Ponce De Leon Blvd Suite, Apt. #, etc. Suite 201 City & State Clearwater, FL Zip 33756 Country USA		3. Mailing Address 1180 Ponce De Leon Blvd Suite, Apt. #, etc. Suite 201 City & State Clearwater, FL Zip 33756 Country USA			
4. FEI Number 59-3739333				04262006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VELTMAN, GREG D 455 N INDIAL ROCKS RD STE B BELLEAIR BLUFFS, FL 33770	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Veltman, Greg D. 1180 Ponce De Leon Blvd, Suite 201 Clearwater, FL 33756	<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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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
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: _____			Greg D. Veltman 4/26/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		