

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

The seal of the State of Florida is circular. It features a central figure of a Seminole man standing, holding a bow in his right hand and an arrow pointing downward in his left. A palm tree stands behind him. The words "GREAT SEAL OF THE STATE OF FLORIDA" are inscribed around the top inner edge, and "IN GOD WE TRUST" is inscribed around the bottom inner edge.

Principal Place of Business  
360 SOUTH SHORE DRIVE  
SARASOTA, FL 34234

Mailing Address  
12260 WILLOW GROVE RD  
BLDG #2  
CAMDEN, DE 19934

3. Mailing Address  
1220 N. Market St.  
Suite, Apt. #, etc.  
Ste. 208



04212005      Chg-LLC      CR2E083 (10/03)

City & State Belize City  
Zip \_\_\_\_\_ Country Belize

City & State  
Wilmington, DE  
Zip 19801 Country

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, W. RICK  
360 SOUTH SHORE DRIVE  
SARASOTA, FL 34234

Name Florida Filing & Search Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
1333 N. Duval St.  
City Tallahassee FL Zip Code 32302

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, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VENTURE MANAGEMENT & RESEARCH	
STREET ADDRESS	LIMITED; 35 BARRACK RD	
CITY - ST - ZIP	BELIZE CITY, BELIZE, CA	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<div><input type="checkbox"/> Delete</div>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

10.	ADDITIONS/CHANGES
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TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	200051661430	Change	<input type="checkbox"/> Addition
NAME	04/22/05--01052--023	**1850.00	
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	
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		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_