LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90243 026 ****50.00

DOCUMENT # L01000022481

1. Entity Name
JENNINGS VENTURES, LLC

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943791

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2. Principal Place of Business	3. Mailing Address
8738 PISA DRIVE	8738 PISA DRIVE
Suite, Apt. #, etc. #635	Suite, Apt. #, etc. #635
City & State ORLANDO FL	City & State ORLANDO FL
Zip 32810 Country US	Zip 32810 Country US

4. FEI Number 02-0556397 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: DEAN K. JENNINGS
Street Address (P.O. Box Number is Not Acceptable): 8738 PISA DRIVE #635
City: ORLANDO FL Zip Code: 32810

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JENNINGS, DEAN K. 8738 PISA DRIVE, #635 ORLANDO FL 32810
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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: _____ DEAN K. JENNINGS, MEMBER 4-16-02 407-645-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #