2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L01000022481 1. Entity Name JENNINGS VENTURES, LLC

FILED Apr 01, 2003 8:00 am Secretary of State 04-01-2003 90031 002 ****50.00

Principal Plac	e of Business		Mailing Address	Mailing Address							
8738 PISA DRIV	VE .		8738 PISA DRIVE #635								
			ORLANDO FL 32810				8813: HSH 88H 88H 88H 88H	aena duli ned	A188: 18	HE OF 1881	
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number	El Number 02-0556397			Applied For Not Applicable	
Zip		Country	Zip			5. Certificate of Status Desired \$5.00 Additional Fee Required					
	6. Name a	nd Address of Current					ddress of New Regis				
JENNINGS, DEAN K 8738 PISA DRIVE #635			ing the second of the second o		Street Address (P.O. Box Number is Not Acceptable)						
ORL	ando Fl. 328	310		С	ity			FL Zi	p Code	e i	
9. The above	named entity s	ubmits this statement for	or the purpose of changing its	e ragistared of	fice or register	ed agent or both	in the State of Florida		r with	and accept	
	tions of register		or the purpose of chariging to	s registered of	nee or register	ed agent, or both,	in the otale of Florida	. Tan tan ma	***((1)	and accept	
SIGNATURE	Signature, typed or	printed name of registered agent	t and title if applicable. (NO	TE: Registered Age	nt signature required	when reinstating)		DATE			
 	5,9,12,15,19,19,00,01		l	OW!!! FEE		uncontained by					
			Make Check Payat		a Departme	nt of State					
9.		MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS/CHA	NGES			
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NAME	JENNINGS,			NAME STREET AR	nnrod						
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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:

OR AUTHORIZED REPRESENTATIVE

Daytime Phone #