## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000012642

1. Entity Name

EXTENDED VENTURES, LLC



Mailing Address

Principal Place of Business 2216 WEST LANIER ROAD PLANT CITY, FL 33565

2216 WEST LANIER ROAD PLANT CITY, FL 33565

**FILED** Apr 26, 2007 08:00 AM Secretary of State



04232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 04-3670049 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LANIER, JOE A 2216 WEST LANIER RD PLANT CITY, FL 33565

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	named entity submits this statement for the purpose of chains of registered agent.	anging its registered office or registered agent, or both, in the S	State of Florida. I am familiar with, and accept
SIGNATURE_			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	DATE
FI Di	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	LANIER, JOE A		
CIDEET ADDRESS	2216 W. ANIED DD		

CITY-ST-ZIP PLANT CITY, FL 33565 HTLE NAME PEAVY, JAY W 2140 ORANGEDALE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33809 TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME

U00000734991 05/10/07-80015-025 55.00

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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:	Ţ
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STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED AME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

<u>Joe A. Lanier</u>

4/23/07

<del>863-666-6900</del>