

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90381 020 ****50.00

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03092005 Chg-LLC CR2E083 (10/03)

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # L02000022065 1. Entity Name MONDO VENTURES, LLC | | | | | |
| Principal Place of Business 8720 SW 60TH CIRCLE OCALA, FL 34476 | | | Mailing Address 8720 SW 60TH CIRCLE OCALA, FL 34476 | | |
| 2. Principal Place of Business 8736 SW 60th Circle Suite, Apt. #, etc. | | 3. Mailing Address 8736 SW 60th Circle Suite, Apt. #, etc. | | | |
| City & State Ocala, Florida Zip 33476 | | City & State Ocala, Florida Zip 33476 | | 4. FEI Number NOT APPLICABLE | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent INGLIS, JOHN S ESQUIRE SHUMAKER, LOOP & KENDRICK, LLP 101 E. KENNEDY BOULEVARD, SUITE 2800 TAMPA, FL 33602 | | | 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, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CANTELE, ARMANDO P 8720 SW 60TH CIRCLE OCALA, FL 34476 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 8736 SW 60th Circle <input 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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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 <i>Armando P. Cantele</i> Armando P. Cantele, MGRM | | | 03/10/2005 352/237-3472 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |