

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027930

FILED  
Apr 14, 2004  
Secretary of State

Entity Name: XTREMIST VENTURES LLC

## Current Principal Place of Business:

405 25TH AVE SW  
VERO BEACH, FL 32962

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 650996  
VERO BEACH, FL 32962

## New Mailing Address:

FEI Number: 75-3097602

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANTORO, RALPH L  
405 25TH AVE SW  
VERO BEACH, FL 32962 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: SANTORO, RALPH  
Address: P.O. BOX 650996  
City-St-Zip: VERO BEACH, FL 32962

Title: MGRM ( ) Delete  
Name: RIPPLE, JAMES  
Address: P.O. BOX 650996  
City-St-Zip: VERO BEACH, FL 32962

Title: MGRM ( ) Delete  
Name: SANTACROCH, ANTHONY  
Address: P.O. BOX 650996  
City-St-Zip: VERO BEACH, FL 32962

Title: MGRM ( ) Delete  
Name: HINCHLIFFE, ROBERT  
Address: P.O. BOX 650996  
City-St-Zip: VERO BEACH, FL 32962

Title: MGRM ( ) Delete  
Name: AUTON, WILLIAM  
Address: P.O. BOX 650996  
City-St-Zip: VERO BEACH, FL 32962

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SANTORO, RALPH  
Address: P.O. BOX 650996  
City-St-Zip: VERO BEACH, FL 32965

Title: MGRM (X) Change ( ) Addition  
Name: RIPPLE, JAMES  
Address: P.O. BOX 650996  
City-St-Zip: VERO BEACH, FL 32965

Title: MGRM (X) Change ( ) Addition  
Name: SANTACROCE, ANTHONY  
Address: P.O. BOX 650996  
City-St-Zip: VERO BEACH, FL 32962

Title: MGRM (X) Change ( ) Addition  
Name: HINCHLIFFE, ROBERT  
Address: P.O. BOX 650996  
City-St-Zip: VERO BEACH, FL 32965

Title: MGRM (X) Change ( ) Addition  
Name: AUTON, WILLIAM  
Address: P.O. BOX 650996  
City-St-Zip: VERO BEACH, FL 32965

Title: MGRM ( ) Change (X) Addition  
Name: DUKE, CHRISTOPHER  
Address: PO BOX 650996  
City-St-Zip: VERO BEACH, FL 32965

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHRISTOPHER DUKE

MGRM

04/14/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date