

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027930

FILED
Apr 30, 2007
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/MANAGERS:

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

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

Title: MGRM () Delete
Name: SANTACROCE, 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 32965

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RALPH L SANTORO

MGRM

04/30/2007

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