

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027930

FILED
Jan 14, 2008
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:

1285 CLASSIC CT
VERO BEACH, FL 32966

Current Mailing Address:

P.O. BOX 650996
VERO BEACH, FL 32962

New Mailing Address:

P.O. BOX 650996
VERO BEACH, FL 32965

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:

SANTORO, RALPH L
1285 CLASSIC CT
VERO BEACH, FL 32966 US

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:

01/14/2008

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 (X) 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 SANTORO

MGRM

01/14/2008

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