2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L02000027930

Entity Name: XTREMIST VENTURES LLC

Current Principal Place of Business:

1285 CLASSIC CT
VERO BEACH, FL 32966

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 650996
VERO BEACH, FL 32965

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
1285 CLASSIC CT
VERO BEACH, FL 32966 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:	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:	

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: JAMES RIPPLE MGRM 04/23/2009

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