

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000002076

**FILED**  
**Apr 11, 2007**  
**Secretary of State**

**Entity Name:** INDIAN BEACH VENTURES, LLC

**Current Principal Place of Business:**

2914 PINECREST STREET  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 896  
SARASOTA, FL 34230

**New Mailing Address:**

**FEI Number:** 85-0485785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMPLE FINANCIAL SOLUTIONS, INC.  
5777 BENEVA ROAD SOUTH  
SARASOTA, FL 34233 US

**Name and Address of New Registered Agent:**

OLDENBURG, JEFFREY R  
2914 PINECREST STREET  
SARASOTA, FL 34239 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: JEFFREY R. OLDENBURG

04/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OLDENBURG, JEFFREY R  
Address: 2914 PINECREST ST  
City-St-Zip: SARASOTA, FL 34239

Title: MEMB ( ) Delete  
Name: BENZINGER, PEGGY J  
Address: 2914 PINECREST ST  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES:**

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 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: JEFFREY R. OLDENBURG

MGRM

04/11/2007

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