


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000003888

1. Entity Name
T3 VENTURES, LLC



Principal Place of Business Mailing Address
P.O. BOX 832084 P.O. BOX 832084
OCALA, FL 34483-2084 Ocala, FL 34483-2084



01232006No Chg-LLC CR2E093 (11/05)

4. FEI Number Applied For
02-0684634 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

HANSEN, BRIAN J
8490 NW 118TH TERR
OCALA, FL 34482

**DO NOT WRITE
IN THIS SPACE**

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rendering)

**Filing Fee is \$50.00
Due by May 1, 2006**

8. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANSEN, BRIAN J 8490 NW 118TH TERR OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANSEN, MIKI L 8490 NW 118TH TERR OCALA, FL 34482
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02/02/06-80039-017 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Brian J. Hansen* BRIAN J. HANSEN 1/23/06 352-629-2968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #