


**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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U00000401911  
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 #