

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003888

FILED
Jan 05, 2008
Secretary of State

Entity Name: T3 VENTURES, LLC

Current Principal Place of Business:

P.O. BOX 832084
OCALA, FL 344832084

New Principal Place of Business:

419 LAKE DRIVE
OCALA, FL 34472 US

Current Mailing Address:

P.O. BOX 832084
OCALA, FL 344832084

New Mailing Address:

P.O. BOX 832084
OCALA, FL 344832084 US

FEI Number: 02-0684634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HANSEN, BRIAN J
419 LAKE DRIVE
OCALA, FL 34472 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: _____

01/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HANSEN, BRIAN J
Address: 419 LAKE DRIVE
City-St-Zip: Ocala, FL 34472

Title: MGRM () Delete
Name: HANSEN, MIKI L
Address: 419 LAKE DRIVE
City-St-Zip: Ocala, FL 34472

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 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: BRIAN J. HANSEN

MGRM

01/05/2008

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