

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 11, 2009  
Secretary of State**

DOCUMENT# L03000003888

Entity Name: T3 VENTURES, LLC

**Current Principal Place of Business:**

419 LAKE DRIVE  
OCALA, FL 34472 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 832084  
OCALA, FL 344832084 US

**New Mailing Address:**

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  
419 LAKE DRIVE  
OCALA, FL 34472 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: 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

04/11/2009

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