

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000006778

Entity Name: THIRD VENTURE, LLC

**FILED**  
**Jan 05, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

PO BOX 2135  
HAINES CITY, FL 33845

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2135  
HAINES CITY, FL 33845

**New Mailing Address:**

FEI Number: 03-0511765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MASON, DONALD J  
PO BOX 2135  
HAINES CITY, FL 33845 US

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

MASON, DONALD J  
3480 ROE RD  
HAINES CITY, FL 33844 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: \_\_\_\_\_

01/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MASON, DONALD J  
Address: PO BOX 2135  
City-St-Zip: HAINES CITY, FL 33845

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MASON, DONALD J  
Address: 3480 ROE RD  
City-St-Zip: HAINES CITY, FL 33844

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: DONALD J MASON

P

01/05/2007

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