

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011089

Entity Name: TOP VIEW VENTURES, LLC

FILED
Sep 07, 2006
Secretary of State

Current Principal Place of Business:

2216 WINDSONG COURT
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

Current Mailing Address:

2216 WINDSONG COURT
SAFETY HARBOR, FL 34695 US

New Mailing Address:

FEI Number: 20-4709992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PABLO, SANTA CRUZ
2216 WINDSONG COURT
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

SANTA CRUZ, PABLO A
2216 WINDSONG COURT
SAFETY HARBOR, FL 34695 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: PABLO A. SANTA CRUZ

09/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANTA CRUZ, PABLO A
Address: 2216 WINDSONG COURT
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: SANCHEZ, FRANK
Address: 1106 WEST CORAL STREET
City-St-Zip: TAMPA, FL 33602

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: PABLO A. SANTA CRUZ

MGRM

09/07/2006

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