


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000011116	
1. Entity Name KATAHDIN VENTURES LLC	

Principal Place of Business 520 S. MAC DILL AVE., #2130 TAMPA, FL 33609	Mailing Address 520 S. MAC DILL AVE., #2130 TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE

02142005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 57-1146831	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SHENK, N. RUSSELL
520 S. MAC DILL AVE., #2130
TAMPA, FL 33609**

**DO NOT WRITE
IN THIS SPACE**

8. 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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHENK, N. RUSSELL 520 S. MAC DILL AVE #2130 TAMPA, FL 33609
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02/17/05-80031-019 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE: N. Russell Shenk, N. Russell Shenk, Pres **2/15/05** **813-293-3917**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #