

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013248

Entity Name: MUSTAD VENTURES, LLC

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

911 NW 209TH AVE
#126
PEMBROKE PINES, FL 33029

New Principal Place of Business:

1549 NW 165TH ST
MIAMI, FL 33169

Current Mailing Address:

911 NW 209TH AVE
126
PEMBROKE PINES, FL 33029

New Mailing Address:

1549 NW 165TH ST
MIAMI, FL 33169

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSTAD, KRISTEN
911 NW 209TH AVE
126
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

MUSTAD, KRISTEN
1549 NW 165TH ST
MIAMI, FL 33169 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: /KJM/

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MUSTAD, KRISTEN
Address: 911 NW 209TH AVE #126
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR () Delete
Name: MUSTAD, ANDREAS
Address: 911 NW 209TH AVE #126
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MUSTAD, KRISTEN
Address: 1549 NW 165TH ST
City-St-Zip: MIAMI, FL 33169

Title: MGR (X) Change () Addition
Name: MUSTAD, ANDREAS
Address: 1549 NW 165TH ST
City-St-Zip: MIAMI, FL 33169

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: /KJM/

MGR

04/24/2007

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