2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000016475

1. Entity Name
PERTH VENTURES, L.L.C.



Principal Place of Business

8524 S.W. 23RD PLACE GAINESVILLE, FL 32607

Mailing Address

8524 S.W. 23RD PLACE GAINESVILLE, FL 32607

FILED Apr 12, 2007 8:00 am Secretary of State

04-12-2007 90184 004 ****50.00

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01102007 No Chg=LLC CR2E083 (11/05)

4.	FEI Number		Applied For
	NOT APPLICABLE		Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Re	Additional equired

6. Name and Address of Current Registered Agent

PRINCE, EDWARD 100 SW 75TH ST. #107 GAINESVILLE, FL 32607

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of charions of registered agent.	nging its registered office of egistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or prinled rume of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) (NOTE: Registered Agent signature required when reinstating) (DATE
	lling Fee is \$50.00 ue by May 1, 2007	
9.	, MANAGING MEMBERS/MANAGERS	The second secon
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRINCE, EDWARD 100 SW 75TH ST., #107 GAINESVILLE, FL 32607	****
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature sobility company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information hall have the same legal effect as if made under oath; that I am a managing member or manager of the cute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE