2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000018487

1. Entity Name

ENDÉAVOR VENTURE GROUP, LLC



Principal Place of Business

18320 PAULSON DRIVE

UNIT A

PORT CHARLOTTE, FL 33954

Mailing Address

18320 PAULSON DRIVE

UNIT A

DO NOT WRITE IN THIS SPACE

PORT CHARLOTTE, FL 33954



04092007 No Chg-LLC

CR2E083 (11/05)

FILED

Apr 13, 2007 08:00 AM Secretary of State

4. FEI Number 20-1375118

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TISEO, ALBERT J ESQ. 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33980

DO NOT WRITE IN THIS SPACE

8	3. The above named entity submits this statement for the purpose of changing its registere	ed office or registered agent,	or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.			

SIGNATURE.

ignature, typed or printed name of registered agent and litle if applic

(NOTE: Registered Agent signature required when reinstating

DATE

Filing Fee is \$50.00 Due by May 1, 2007

U00000706389 04/24/07-80034-001 50.00

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	AQUILA, DAVID		
STREET ADDRESS	155 MORGAN LANE		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
TITLE	MGRM		
NAME	MARX, DAWN M		
STREET ADDRESS	21224 BASSETT AVE		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZE

4-10-0

941-815-729

Date

Daytime Phone