2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000026544

1. Entity Name
COOPERATIVE VENTURES, LLC

Principal Place of Business
99 SIXTH STREET, S.W.
WINTER HAVEN, FL 33880

Mailing Address
99 SIXTH STREET, S.W.
WINTER HAVEN, FL 33880

DO NOT WRITE IN THIS SPACE

01062006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STAMBAUGH, ROBERT J
99 SIXTH STREET, S.W.
WINTER HAVEN, FL 33880

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_____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	STAMBAUGH, ROBERT J
STREET ADDRESS	99 SIXTH STREET S. W.
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	MGRM
NAME	STAMBAUGH, JERE L
STREET ADDRESS	209 OSCEOLA ST
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

LN0000383486
01/25/06-80023-011 50.00

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: Robert J. Stambaugh, Manager 1-17-06 863/253-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #