2007 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



FILED

Jan 11, 2007 8:00 am Secretary of State

01-11-2007 90128 013 ****50.00

01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MEDO NOTEWRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

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

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 Floric	da. 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)

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

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME	MGRM STAMBAUGH, ROBERT J	
STREET ADDRESS	99 SIXTH STREET S. W.	THE REPORT OF THE PERSON OF TH
CITY-\$1-ZIP	WINTER HAVEN, FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STAMBAUGH, JERE L 209 OSCEOLA ST AUBURNDALE, FL 33823	
TITLE		
NAME		
STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE		IN THIS SPACE 11.1.
NAME STREET ADDRESS		Committee of the state of the s
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF IGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Stem brugh 1-4-07