


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

| | | | |
|--|--|---|--|
| DOCUMENT # L03000030863 1. Entity Name EBERT VENTURES, LLC | |  | |
| Principal Place of Business 5270 TAMARIND RIDGE DRIVE NAPLES FL 34119 | | Mailing Address 5270 TAMARIND RIDGE DRIVE NAPLES FL 34119 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent EBERT, JON F 5270 TAMARIND RIDGE DRIVE NAPLES FL 34119 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | 1st MOORE CR2E083 (10/06) | |
| | | 4. FEI Number 57-1184615 | |
| | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| | | FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 | | | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM EBERT, JON F C/O COTTER // 6100 ESTERO BLVD. FORT MYERS BEACH FL 33931 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | U00000615892 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/07/07-80006-018 50.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Jon Ebert</u> JON EBERT | | 1/27/07 (239) 353-0929 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |