

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031119

FILED  
Jul 01, 2004  
Secretary of State

**Entity Name:** BAUGHN VENTURE GROUP, LLC

**Current Principal Place of Business:**

787 NE 5TH ST  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

787 NE 5TH ST  
CRYSTAL RIVER, FL 34429

**New Mailing Address:**

**FEI Number:** 51-0480177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVINS, WAYNELLE  
3189 BRAZILNUT RD  
BEVERLY HILLS, FL 34465 US

**Name and Address of New Registered Agent:**

LEVINS, WAYNELLE D  
3189 BRAZILNUT RD  
BEVERLY HILLS, FL 34465 US

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.

SIGNATURE: WAYNELLE D. LEVINS

07/01/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BAUGHN, WARREN  
Address: 3189 BRAZILNUT RD  
City-St-Zip: BEVERLY HILLS, FL 34465

Title: MGRM ( ) Delete  
Name: LEVINS, WAYNELLE  
Address: 3189 BRAZILNUT RD  
City-St-Zip: BEVERLY HILLS, FL 34465

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: LEVINS, WAYNELLE D  
Address: 3189 BRAZILNUT RD  
City-St-Zip: BEVERLY HILLS, FL 34465

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WAYNELLE D. LEVINS

MGRM

07/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date