


FILED
May 14, 2004 8:00 am
Secretary of State

04-26-2004 90060 023 ***150.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000033651			
1. Entity Name WILLIAM RIDDLE VENTURES, LLC			
Principal Place of Business 1100 SE 9TH STREET FORT LAUDERDALE, FL 33316		Mailing Address 1100 SE 9TH STREET FORT LAUDERDALE, FL 33316	
2. Principal Place of Business 2400 E. Las Olas Blvd Suite, Apt. #, etc. #339 City & State Ft Lauderdale FL Zip 33301		3. Mailing Address Suite, Apt. #, etc. City & State Country USA	
4. FEI Number 240-21-1452		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KEECHL, KENNETH E 200 EAST LAS OLAS BLVD., SUITE 1900 FORT LAUDERDALE, FL 33301 954-522-2200		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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: <i>William Riddle</i> DATE: 5-11-04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>William Riddle</i>		Date: 5-23-04 954-224-3383	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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