


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000035038 1. Entity Name VENTURING AWARENESS LLC	
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Principal Place of Business 2423 BUTLER BAY DR. N. WINDERMERE, FL 32478-6	Mailing Address 2423 BUTLER BAY DR. N. WINDERMERE, FL 34786
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01122005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ANDERSON, WENDY R ESQ. P.O. BOX 3511 ORLANDO, FL 32802	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MILLER, GALEN 2423 BUTLER BAY DR. N. WINDERMERE, FL 34786
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Galen Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____