

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037961

FILED
Mar 09, 2005
Secretary of State

Entity Name: BRAVEHEART VENTURES, LLC

Current Principal Place of Business:

1404 DEAN STREET
SUITE 100
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

1404 DEAN STREET
SUITE 100
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 20-0232802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, RANDALL P JR.
1404 DEAN STREET
SUITE 100
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HENDERSON, RANDALL P JR
Address: 1404 DEAN ST., STE. 100
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM () Delete
Name: WALLACE, JERALD L
Address: 9111 WEST COLLEGE POINT DR.
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Delete
Name: YEATTER, TAD M
Address: 2102 LOCHMOOR
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES:

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

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

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

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: RANDALL P. HENDERSON, JR.

MGRM

03/09/2005

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