2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/12/

FILED
Jul 27, 2004 8:00 am
Secretary of State
07-12-2004 90131 033 ****50.00

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DOCUMENT # L03000038251

1. Entity Name
NOTHING VENTURED, LLC

Principal Place of Business	Mailing Address
550 MCCOLLUM CIRCLE NEPTUNE BEACH, FL 32266 US	550 MCCOLLUM CIRCLE NEPTUNE BEACH, FL 32266 US

01302004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
49 Jackson Ave.	49 Jackson Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ponte Vedra Beach FL	City & State: Ponte Vedra Beach FL
Zip: 32082 Country: ~~St. Johns~~ U.S.	Zip: 32082 Country: U.S.

4. FEI Number: 36-4540887 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DICKINSON, JANE T ESQ. 550 MCCOLLUM CIRCLE NEPTUNE BEACH, FL 32266	Name: DICKINSON JANE T. ESQ. Street Address (P.O. Box Number is Not Acceptable): 49 Jackson Ave City: Ponte Vedra Beach FL Zip Code: 32082

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: Jane T. Dickinson MGRM Jane T. Dickinson 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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DICKINSON, JANE T 550 MCCOLLUM CIRCLE NEPTUNE BEACH, FL 32266	☐ Delete	MGRM DICKINSON, JANE T. 49 Jackson Ave Ponte Vedra Beach, FL 32082	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BRUNO, LISA 377 PLAZA ATLANTIC BEACH, FL 32233	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Jane T. Dickinson Jane T. Dickinson MGRM 7/10/04 904-273-6822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #