

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038503

Entity Name: S & R VENTURES, LLC

FILED
Apr 15, 2005
Secretary of State

Current Principal Place of Business:

197 WALTON WAY
DESTIN, FL 32550

New Principal Place of Business:

10221 HWY 98 W
SUITE 21
DESTIN, FL 32550

Current Mailing Address:

197 WALTON WAY
DESTIN, FL 32550

New Mailing Address:

10221 HWY 98 W
SUITE 21
DESTIN, FL 32550

FEI Number: 51-0465671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROESSLER, CHRIS W III
197 WALTON WAY
DESTIN, FL 32550 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: ROESSLER, STEPHANIE L
Address: 197 WALTON WAY
City-St-Zip: DESTIN, FL 32550

Title: MGRM () Delete
Name: ROESSLER, CHRIS W III
Address: 197 WALTON WAY
City-St-Zip: DESTIN, FL 32550

Title: MGRM () Delete
Name: SPANGLER, LARRY
Address: 5225 RICHMOOR DR
City-St-Zip: SPRINGFIELD, OH 45503

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: CHRIS W. ROESSLER III

MGMR

04/15/2005

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