
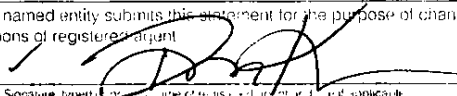
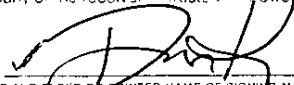


# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 AUG 13 PM 4:06

DOCUMENT # L03000039367			
1. Entity Name VENTURE QUEST MANAGEMENT, LLC			
Principal Place of Business		Mailing Address	
2 INDEPENDANT DR W #173 JACKSONVILLE, FL. 32202		2 INDEPENDANT DR W #173 JACKSONVILLE FL. 32202	
2. Principal Place of Business (for P.O. Box #)		3. Mailing Address	
2 INDEPENDANT DR W #173 JACKSONVILLE, FL. 32202		2 INDEPENDANT DR W #173 JACKSONVILLE, FL. 32202	
City & State		City & State	
JACKSONVILLE, FL		JACKSONVILLE, FL	
Zip		Zip	
32202		32202	
Country		Country	
USA		USA	
4. FEI Number		Applied For	
65-1207117		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KURTZ, DARRIN 9200 SOUTH DADELAND BLVD., SUITE 7412 MIAMI, FL 33156		Name: KURTZ, DARRIN Street Address (P.O. Box Number is Not Acceptable): 9350 South Dixie Highway Penthouse V City: Miami FL Zip Code: 33156	
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: 7-23-07	
Signature typed, printed, or name of registrant if not a natural person (if applicable)		DATE	
Amended AR is \$50.00		Make check payable to Florida Department of State BLI	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: MGRM NAME: KURTZ, DARRIN STREET ADDRESS: 9200 SOUTH DADELAND BLVD. STE 412 CITY-STATE-ZIP: MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE: MGRM NAME: TOLLEY, SHAWN STREET ADDRESS: 9200 SOUTH DADELAND BLVD. STE 412 CITY-STATE-ZIP: MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE: MGRM NAME: KURTZ, DARRIN STREET ADDRESS: 9350 SOUTH DIXIE HIGHWAY, PENTHOUSE V CITY-STATE-ZIP: MIAMI, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: MGRM NAME: TOLLEY, SHAWN W. STREET ADDRESS: 9350 SOUTH DIXIE HIGHWAY, PENTHOUSE V CITY-STATE-ZIP: MIAMI, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGRM NAME: KATES, BARRY STREET ADDRESS: 9200 SOUTH DADELAND BLVD. STE 412 CITY-STATE-ZIP: MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE: MGRM NAME: KATES, BARRY STREET ADDRESS: 9350 SOUTH DIXIE HIGHWAY, PENTHOUSE V CITY-STATE-ZIP: MIAMI, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: MGRM NAME: JONES, DAVID VICTOR STREET ADDRESS: 9350 SOUTH DIXIE HIGHWAY, PENTHOUSE V CITY-STATE-ZIP: MIAMI, FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: MGRM NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank] <input type="checkbox"/> Delete	TITLE: MGRM NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank] <input type="checkbox"/> Delete	200108702422 08/28/07--01026--006 **50.00	
TITLE: MGRM NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank] <input type="checkbox"/> Delete	TITLE: MGRM NAME: [Blank] STREET ADDRESS: [Blank] CITY-STATE-ZIP: [Blank] <input type="checkbox"/> Delete		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or possessor or executor of the estate of the limited liability company, or as required by Chapter 119, Florida Statutes.			
SIGNATURE: 		DATE: 7-23-07 1904-827	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE AND PHONE NUMBER	
		9976	