

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90024 040 \*\*\*\*50.00

**20038511**



<b>DOCUMENT # L03000043396</b> 1. Entity Name <b>L.S.T. VENTURES, LLC</b>			
Principal Place of Business <b>755 RINEHART ROAD #106 LAKE MARY, FL 32746</b>		Mailing Address <b>755 RINEHART ROAD #106 LAKE MARY, FL 32746</b>	
2. Principal Place of Business <b>917 Rinehart Rd Suite 2001 Lake Mary, FL 32746</b>		3. Mailing Address <b>917 Rinehart Rd Suite 2001 Lake Mary, FL 32746</b>	
4. FEI Number <b>20-0320069</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04252006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent <b>STOFFER, BIGLER J III 755 RINEHART ROAD #106 LAKE MARY, FL 32746</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>688 Broadoak Loop Sanford FL 32771</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STOFFER, BIGLER J III 755 RINEHART ROAD #106 LAKE MARY, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>688 Broadoak Loop Sanford, FL 32771</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARKER, LINDA K 118 PINE CIR DRIVE LAKE MARY, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEN, SAMUEL J 1309 W MARVIN STREET LONGWOOD, FL 32750	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered to execute this report as required by Chapter 608, Florida Statutes.			
<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>4/25/06</b> <small>Date Daytime Phone #</small>	