2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# L03000044128

Entity Name: LAXVEN VENTURES, L.L.C.

Current Principal Place of Business:

2901 SW 41ST ST. #811
OCALA, FL 34474

New Principal Place of Business:

6393 SW 63RD CT
OCALA, FL 34474

Current Mailing Address:

PO BOX 4281
OCALA, FL 34478

New Mailing Address:

FEI Number: 51-0488266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUINN, LESLIE ESQ
1 N.E. FIRST AVENUE STE. 201
OCALA, FL 34470 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: MGR ( ) Delete
Name: REDDY, SARITHA MS
Address: PO BOX 4281
City-St-Zip: OCALA, FL 34478

ADDITIONS/CHANGES:

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: SARITHA REDDY MGR 04/27/2005

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