2007 LIMITED LIABILITY COMPANY

FILED Ian 31. 2007 08:00 AM

ANNUAL REPORT					
DOCU	MENT # L030000	44206	AT TO	Secretary of S	ıate
1. Entity Name			51.12		
VENTOR	A FINANCIAL SERVICE	3, L.L.O.			
Principal Place	e of Business	Mailing Address			
4034 ROBER SARASOTA, F	RTS POINT ROAD	P.O. BOX 5668 Sarasota, FL 34277	_ · · = ·		
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				55.00 Additi	
	6. Name and Address of Cur	rent Registered Agent		Fee Required	
KNOWLES				DO NOT WRITE	
KNOWLES, CHARLES 4034 ROBERTS POINT ROAD SARASOTA, FL 34242				DO NOT WRITE	
SARASUI	A, FL 34242			IN THIS SPACE	
8. The above	named entity submits this statemitions of registered agent.	ent for the purpose of changing its registe	ered office or registe	ered agent, or both, in the State of Florida. I am familiar with, ar	nd accept
SIGNATURE.			=		<u> </u>
3idiwardhe.	Signature typed in printed name of registered	ngent and title if applicable (NOTE, Registi	ved Agent signature require	of when reinstating) DATE	
	iling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING M	EMBERS/MANAGERS		, , , , , , , , , , , , , , , , , , ,	
INTLE	MGR				
NAME STREET ADDRESS	KNOWLES, CHARLES 4034 ROBERTS POINT RO	AD	1	U00000613603 02/05/07-80045-009	י. יים ח
CITY-ST-ZIP	SARASOTA, FL 34242		· !	02/03/01-80043-003	50.U
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11. I hereby certify that the information supplied with this filling 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 san e logal 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: URE:
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZE) REPRESENTATIVE

NAME STREET ADDRESS CITY-ST-ZIP

1/22/07 941-349-6400 Date Date Date