

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000050682**

1. Entity Name  
**DARK HORSE VENTURES, LLC**



Principal Place of Business  
**2320 FAIRFIELD CT  
ORANGE PARK, FL 32003**

Mailing Address  
**2320 FAIRFIELD CT  
ORANGE PARK, FL 32003**



05022006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0498066**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HEUSER, JAMES W  
2320 FAIRFIELD CT  
ORANGE PARK, FL 32003**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**5/1/06**  
DATE

**Filing Fee is \$50.00  
Due by September 6, 2006**

**U00000562724  
05/19/06-80066-022 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HEUSER, JAMES W  
2320 FAIRFIELD CT  
ORANGE PARK, FL 32003**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HEUSER, CHRISTI S  
2320 FAIRFIELD CT  
ORANGE PARK, FL 32003**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**5/1/06**  
Date

**904-278-4876**  
Daytime Phone #