

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L03000052066	
1. Entity Name DENPHAL VENTURES, LLC	

Principal Place of Business 3314 HENDERSON BLVD., #203 TAMPA, FL 33609	Mailing Address 3314 HENDERSON BLVD., #203 TAMPA, FL 33609
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04252007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0492729	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

SHAKER, RICHARD  
 3314 HENDERSON BLVD., #203  
 TAMPA, FL 33609

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAKER, RICHARD DR. 3314 HENDERSON BLVD., #203 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000760058  
 05/24/07-80067-009 50.00

**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: Richard R. Shaker, D.C. Date: 4-27-07 (813) 876-9552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #