

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90079 033 \*\*\*\*50.00

**DOCUMENT # L03000054284**

1. Entity Name  
VE VENTURES, L.L.C.



Principal Place of Business

C/O LARCRAFT, INC.  
167 PROGRESS CIRCLE  
VENICE, FL 34285

Mailing Address

C/O LARCRAFT, INC.  
167 PROGRESS CIRCLE  
VENICE, FL 34285

20050418



04132005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1034991

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, LARRY G  
C/O LARCRAFT, INC.  
167 PROGRESS CIRCLE  
VENICE, FL 34285

**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)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME SCHWARTZ, LARRY G  
STREET ADDRESS 167 PROGRESS CIRCLE  
CITY-ST-ZIP VENICE, FL 34285

TITLE MGRM  
NAME THOENNISSEN, GLENN E  
STREET ADDRESS 167 PROGRESS CIRCLE  
CITY-ST-ZIP VENICE, FL 34285

TITLE MGRM  
NAME VANDE KROL, DON C  
STREET ADDRESS 167 PROGRESS CIRCLE  
CITY-ST-ZIP VENICE, FL 34285

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 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 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

4/13/05

Date

Daytime Phone #

941 484 8977