2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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DOCUMENT # L04000010865. 1. Entity Name							F F	
VENTURA EST	TATES, LLC					,	_ED	
Principal Place of Business Mailing Address						05 FEB 2	22 PH 6 01	\bigcirc
Principal Place of Business		Mailing Address				0E007731	a in a dia A Ca⊊	\mathcal{X}_{ℓ}
399 CREARY STREET PENSACOLA FL 32507		399 CREARY STREET PENSACOLA FL 32507				SEUKETAN TALLAMAC	CL SHÁTE SEE, FLORIDA	10
•							OLL, FLUNISH	MARENI IRRI
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				1st MOORE CR2E083 (10/04)		
City & State		City & State			4. FEI Number 20 - 07120	JAA	plied For t Applicable	
Zip	Country	Zip Coun		try		5. Certificate of Status Desired	\$5.00 Add	litional
6. Name and Address of Current I		Registered Agent			'	7. Name and Address of New Reg		
LITVAK, KRAMER A 220 W. GARDEN STREET, SUITE 606				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
PENSACOLA FL 32502								
		City				FL Zip Code		
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								
Economy Cold Manager Cold Andreas and Cold Angres Consistence and Cold Angres								
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State								
Due By May 1, 2005								
9. MANAGING MEMBERS/MANAGERS 10.				, Taka Albanyan		ADDITIONS/CI	HANGES	
TITLE		☐ Delete	TITL	- 	NGR	noomene, e.	☐ Change	Addition
NAME			NAM		Poir.	Matthew J.		4
STREET ADDRESS				ET ADDRESS	399	Menry St.		
CITY-ST-ZIP			CITY	-ST-ZIP	Bens	2001a, FL 32507		
TITLE		Defete	TITL	I	Mer	. (.)	☐ Change	Addition
NAME STREET ADDRESS			NAM	ET ADDRESS	Raws			
CITY-ST-ZIP				-ST-ZIP	2422	Fenwick Rd.		
TITLE		☐ Delete	TITL		Yens	2010, FL 2X 2 AV	Change	Addition
NAME		— — — — — — — — — — — — — — — — — — —	- NAM	I		,	cliarige	☐ Addition
STREET ADDRESS			STRE	ET ADDRESS	,	•		
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Delete	TITLI	E			Change	☐ Addition
NAME			NAM			80004787	1338	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP		80004787 03/08/05010090	<i>1</i> 05 **450.00)
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TITLE NAME		☐ Delete	TITLI				☐ Change	☐ Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
THILE		☐ Delete	TATL	E			☐ Change	Addition
NAME		50,000	NAM				_ 0.14.190	
STREET ADDRESS			STRE	ET ADDRESS				
CITY-ST-ZIP .				-ST-ZIP				
11. I hereby certify	that the information supplied with	this fiting does not qualify for	the exe	mption stat	ed in Se	ction 119.07(3)(i), Florida Statutes. I fu	urther certify that the in	nformation
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.								

Matthew J. Pair

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

2/15/05

850-469-8181