

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011232

Entity Name: TILLMAN VENTURES, LLC

FILED
Mar 07, 2008
Secretary of State

Current Principal Place of Business:

909 SW 127TH STREET
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

909 SW 127TH STREET
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 59-2451311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEEGAN, TIMOTHY P
9200 NW 36TH PLACE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

TILLMAN, KAREN G MS.
909 SW 127 STREET
NEWBERRY, FL 32669 US

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.

SIGNATURE: KAREN GRAHAM TILLMAN

03/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TILLMAN, STEPHEN L
Address: 909 SW 127TH STREET
City-St-Zip: NEWBERRY, FL 32669

Title: MGRM () Delete
Name: TILLMAN, STEPHEN L
Address: 909 SW 127TH STREET
City-St-Zip: NEWBERRY, FL 32669

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: TILLMAN, KAREN G MS
Address: 909 SW 127 ST
City-St-Zip: NEWBERRY, FL 32669

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN L TILLMAN

MGRM

03/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date