2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90028 026 ****50.00

DOCUMENT # L04000011694

1. Entity Name
L.A.M.Z. VENTURES, LLC

14005425

Principal Place of Business	Mailing Address
209 DEER HAVEN DR PONTE VEDRA BEACH, FL 32082	209 DEER HAVEN DR PONTE VEDRA BEACH, FL 32082

04252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
244 D. SHADOWLINE	244 D. SHADOWLINE
Suite, Apt. #, etc. DRIVE	Suite, Apt. #, etc. DRIVE
City & State BOONE N.C	City & State BOONE N.C
Zip 28607 Country USA	Zip 28607 Country USA

4. FEI Number 20-0743880 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PRESS, WAYNE M.D.
4605 NAVASSA LANE
NAPLES, FL 34119

7. Name and Address of New Registered Agent

Name PRESS, WAYNE M.D.
Street Address (P.O. Box Number is Not Acceptable) 15243 MEDICI WAY
City NAPLES FL Zip Code 34110

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 _____ WAYNE M.D. PRESS. 4/25/05
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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OWNER TOBY ANN PRESS 15243 MEDICI WAY NAPLES FL 34110.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAX PRESS OWNER 4605 NAVASSA LANE NAPLES FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LAURA PRESS OWNER 15243 MEDICI WAY NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANDREA PRESS OWNER 15243 MEDICI WAY NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WAYNE PRESS OWNER 15243 MEDICI WAY NAPLES FL 34110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 4/25/05 239-597-9842 828-263-8181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #