


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90286 032 \*\*\*\*55.00

|  |   |
|--|---|
| <b>DOCUMENT # L04000011694</b>           |  |
| 1. Entity Name<br>L.A.M.Z. VENTURES, LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>244D SHADOWLINE DR<br>BOONE, NC 28607 US | Mailing Address<br>244D SHADOWLINE DR<br>BOONE, NC 28607 US |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



03132006 Chg-LLC CR2E083 (11/05)

|  |  |  |
|--|--|--|
| 4. FEI Number<br>20-0743880  |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> |  | \$5.00 Additional Fee Required                         |

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent           |  | 7. Name and Address of New Registered Agent                                       |  |
| PRESS, WAYNE M.D.<br>15243 MEDICI WAY<br>NAPLES, FL 34110 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                       |  | 10. ADDITIONS/CHANGES                              |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>PRESS, TOBY ANN<br>15243 MEDICI WAY<br>NAPLES, FL 34110 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>PRESS, MAX<br>4005 NAVASSA LANE<br>NAPLES, FL 34119 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><u>4605 NAVASSA LANE</u> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>PRESS, LAURA<br>15243 MEDICI WAY<br>NAPLES, FL 34110 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>PRESS, ANDREA<br>15243 MEDICI WAY<br>NAPLES, FL 34110 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>PRESS, WAYNE<br>15243 MEDICI WAY<br>NAPLES, FL 34110 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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.

|   |                     |
|---|---------------------|
| <b>SIGNATURE:</b> _____   | Date <u>3/14/06</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |                     |