2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # L04000011694

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

Principal Place of Business	Mailing Address
244D SHADOWLINE DR BOONE, NC 28607 US	244D SHADOWLINE DR BOONE, NC 28607 US

03092008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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.
15243 MEDICI WAY
NAPLES, FL 34110

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PRESS, TOBY ANN
STREET ADDRESS	15243 MEDICI WAY
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	MGR
NAME	PRESS, MAX
STREET ADDRESS	4605 NAVASSA LANE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	MGR
NAME	PRESS, LAURA
STREET ADDRESS	15243 MEDICI WAY
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	MGR
NAME	PRESS, ANDREA
STREET ADDRESS	15243 MEDICI WAY
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	MGR
NAME	PRESS, WAYNE
STREET ADDRESS	15243 MEDICI WAY
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000855430
03/27/08-90047-012 143.75

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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.

SIGNATURE: _____ 3/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #