

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011694

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

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

244D SHADOWLINE DR
BOONE, NC 28607 US

New Principal Place of Business:

Current Mailing Address:

244D SHADOWLINE DR
BOONE, NC 28607 US

New Mailing Address:

FEI Number: 20-0743880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRESS, WAYNE M.D.
15243 MEDICI WAY
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PRESS, TOBY ANN
Address: 15243 MEDICI WAY
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: PRESS, MAX
Address: 4605 NAVASSA LANE
City-St-Zip: NAPLES, FL 34119

Title: MGR () Delete
Name: PRESS, LAURA
Address: 15243 MEDICI WAY
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: PRESS, ANDREA
Address: 15243 MEDICI WAY
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: PRESS, WAYNE
Address: 15243 MEDICI WAY
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

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

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

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

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

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

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: WAYNE M.D. PRESS

MGR

01/09/2009

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