


FILED  
Aug 03, 2006 8:00 am  
Secretary of State

03-27-2006 90053 045 \*\*\*\*50.00

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)

<b>DOCUMENT # L04000011811</b>			
1. Entity Name <b>VENTURES, LLC</b>			
Principal Place of Business <b>730 COMMERCE CENTER DR. SUITE C SEBASTIAN FL 32958 US</b>		Mailing Address <b>730 COMMERCE CENTER DR. SUITE C SEBASTIAN FL 32958 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		AP-PLIED FOR	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PALADIN, MICHELE 730 COMMERCE CENTER DR. SUITE C SEBASTIAN FL 32958</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Michele Paladin</i> <i>Michele Paladin</i> 3/14/06 Signature, Name or Printed Name of Registered Agent and Date (required) (NOTE: Registered Agent signature required when necessary) DATE			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PALADIN, JOSEPH 730 COMMERCE CENTER DR, SUITE C SEBASTIAN FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PALADIN, MICHELE 730 COMMERCE CENTER DR, SUITE C SEBASTIAN FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes. SIGNATURE: <i>Michele Paladin</i> 3/14/06 772-589-9706 Signature and Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative Date Office Phone			



IRS Department of the Treasury  
Internal Revenue Service

P.O. BOX 9003  
HOLTSVILLE NY 11742-9003

ATTACHMENT

In reply refer to: 0132864533  
July 20, 2006 LTR 147C 0  
84-1645074 000000 00 000

02000

BODC: SB

30012433  
#L04000011811

VENTURES LLC  
730 COMMERCE CENTER DR STE C  
SEBASTIAN FL 32958-3128757

012890

Employer Identification Number: 84-1645074

Dear Taxpayer:

Thank you for the inquiry dated July 05, 2006.

You were notified that the Employer Identification Number you obtained over the internet was not validated because you were already assigned 84-1645074. In order to change your address you must complete Form 8822. For all other changes you must submit a signed written request specifying what is to be changed.

If you have any questions, please call us toll free at 1-800-829-4933.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_

Issued EIN

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ATTACHMENT

30012433

#104000011811



**Internal Revenue Service**

DEPARTMENT OF THE TREASURY

The  
Digital  
Daily

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**Federal Tax ID / EIN**

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This is your provisional Employer Identification Number:

**20-5147113**

Today's Date is: July 05, 2006 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)

[Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

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