

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028754

Entity Name: ADVANTAGE VENTURES LLC

FILED
Jun 05, 2005
Secretary of State

Current Principal Place of Business:

1515 SAN MARCO
307
ORMOND BEACH, FL 32174

New Principal Place of Business:

436 SAULS ST
ORMOND BEACH, FL 32174

Current Mailing Address:

PO BOX 9411
DAYTONA BEACH, FL 32120

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WALTER, LYNN E
1515 SAN MARCO
307
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

WALTER, LYNN E
436 SAULS ST
ORMOND BEACH, FL 32174 US

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:

06/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALTER, LYNN E
Address: 1515 SAN MARCO #307
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WALTER, LYNN E
Address: 436 SAULS ST
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGRM () Change (X) Addition
Name: BENEZETTE, ALYN L
Address: 4 LAKE ISLE WAY
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYNN WALTER

MGRM

06/05/2005

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