2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2007 8:00 am
Secretary of State
02-08-2007 90142 010 ****50.00

DOCUMENT # L04000029575

1. Entity Name
BAMBOO VENTURES, LLC

Principal Place of Business	Mailing Address
1826 IRVING STREET SARASOTA FL 34236	1826 IRVING STREET SARASOTA FL 34236

JUUU1729

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1490 Blvd. Of The Arts	~~1490 Blvd. of the Arts~~
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: SARASOTA, FL.	City & State: SARASOTA, FL
Zip: 34236 Country: USA	Zip: 34236 Country: USA

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WATNEM, TIMOTHY M 1826 IRVING STREET SARASOTA FL FL	Name: BALANCE HEALTH & FITNESS Street Address (P.O. Box Number is Not Acceptable): 1490 Boulevard of the Arts City: Sarasota FL Zip Code: 34236

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: Timothy M. Watnem 1/20/07
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WATNEM, TIMOTHY M 22 N. LEMON AVENUE SARASOTA FL 34236	☒ Delete	WATNEM, Timothy M. 1490 Blvd. Of the Arts SARASOTA, FL. 34236	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OWNER WATNEM, Timothy M 1490 Boulevard of the Arts SARASOTA, FLORIDA 34236	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE: Timothy M. Watnem 1/20/07 (941)365-6581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #