2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-18-2005 90180 046 ****50.00
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LL 03/14/05

DOCUMENT # L04000036515

1. Entity Name
FAMILY TREE VENTURES, LLC

Principal Place of Business	Mailing Address
20121 BILL COLLINS ROAD EUSTIS, FL 32736	20121 BILL COLLINS ROAD EUSTIS, FL 32736

01042005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
42 Dogwood Lane Suite, Apt. #, etc.	P.O. Box 1365 Suite, Apt. #, etc.
City & State: Eustis FL	City & State: Mount Dora FL
Zip: 32726 Country: USA	Zip: 32756 Country: USA

4. FEI Number: 20-1129285 ☐ 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
SHATZER, CHARLES T JR 20121 BILL COLLINS ROAD EUSTIS, FL 32736	Name Street Address (P.O. Box Number is Not Acceptable): 42 Dogwood Lane City: Eustis FL FL Zip Code: 32726

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SHATZER, CHARLES T JR 20121 BILL COLLINS ROAD EUSTIS, FL 32736	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR-M 42 Dogwood Lane Eustis FL 32726	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM ROOKS, JEFFREY V 1734 S. MAPLE ROAD ANN ARBOR, MI 48103	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM SHATZER, CHARLES T SR 2903 AEIN ROAD ORLANDO, FL- 32817	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: CHARLES T SHATZER JR 1-13-05 352-267-6545
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #