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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0400036684 1. Entity Name ADVANTAGE VENTURES, LLC						FI OS MAY I C	LED) PM 5:3'	7	
				N. S. T. T. S.		UJ HALL	, 111 0 0	,	
Principal Place of Business 10345 BAY LAKE RD GROVELAND, FL 34736		Mailing Address 10345 BAY LAKE RD GROVELAND, FL 34736		- -	SECRETAR TALLAHASS	Y OF STATE SEE, FLORIDA	,		
2. Principal P	tace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262005	Chg-LLC	CR2E083 (10/	OB) MRI		
City & State		City & State		4. FELNumber	132563	2	Applied For		
Zip	- Country	Zip	Coun	itry	5. Certificate of	of Status Desired		Not Applicable Additional	
	6. Name and Address of Current	[7. Name and	Address of New Re	egistered Agent				
PARTIN, MARSHALL B				Name					
10345 BAY	Y LAKE RD NND, FL 34736		Street Address (P.O. Box Number is Not Acceptable)			
- (City			FL 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 .	Signature, typed or printed name of registered agent is	and title if applicable. (NOTE:	Registere	d Agent signature required	when reinstating)		DATE		
								_	
Filing Fee is \$50.00 Due by May 1, 2005							check payable Department of		
9.	MANAGING MEMBE		10.			ADDITIONS/	CHANGES		
TITLE NAME	MGR PARTIN, MARSHALL B	☐ Delete	TITLE	- I			Cha	nge 🗌 Addition	
STREET ADDRESS	10345 BAY LAKE RD		STRE	EET ADORESS					
CITY-ST-ZIP	GROVELAND, FL 34736	F-4	-	'-ST-ZIP	 				
TITLE	MGR	☐ Delete	TITLE	- 1			☐ Cha	nge 🗌 Addition	
NAME	BRIGHT, NICHOLAS G		NAM	8C (
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STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP 11. { hereby indicated	certify that the information supplied with on this report is true and accurate and ability company or the receiver or trustee	☐ Delete ☐ Delete ☐ Delete ☐ this filing does not qualify for that my signature shall have the content of the	STREE CITY TITLE NAME	EET ADDRESS 2-ST-ZIP EET ADDRESS 2-ST-ZIP	05./25	, Florida Statutes. I	21251 020 *** Cha	200. DD nge Addition nge Addition the information nager of the	