

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90025 029 ****50.00

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| DOCUMENT # L04000038679 | | | | | |
| 1. Entity Name SENIOR VENTURE, LLC | | | | | |
| Principal Place of Business 383 NE BAKER ROAD STUART, FL 34994 | | | Mailing Address 4991 NW 107TH AVE. CORAL SPRINGS, FL 33076 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number <u>41-2146736</u> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BEARD, DONESE K 383 NE BAKER ROAD STUART, FL 34994 | | | Name Street Address (P.O. Box Number is Not Acceptable) 4991 NW 107TH AVENUE City <u>CORAL SPRINGS</u> <u>FL</u> <u>33076</u> | | |
| 4991 N.W. 107th AVE. CORAL SPRINGS, FL 33076 | | | City <u>CORAL SPRINGS</u> <u>FL</u> <u>33076</u> | | |
| 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 <u>Donese K. Beard</u> DATE <u>3/3/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 BEARD, LTD. 383 NE BAKER ROAD STUART, FL 34994 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 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 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: <u>Donese K. Beard</u> | | Date <u>3/3/05</u> <u>954-461-6649</u> | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |

20019116



02022005 Chg-LLC CR2E083 (10/03)

4. FEI Number 41-2146736 ☐ **Applied For**
☐ **Not Applicable**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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SIGNATURE: Donese K. Beard Date 3/3/05 954-461-6649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #