

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047152

Entity Name: S & L VENTURES, LLC

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

623 OAK STREET
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

623 OAK STREET
GREEN COVE SPRINGS, FL 32043 US

Current Mailing Address:

623 OAK STREET
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

623 OAK STREET
GREEN COVE SPRINGS, FL 32043 US

FEI Number: 20-1287621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
225 WATER STREET, STE. 2020
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 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: GWEN HUTCHESON GRIGGS, EVP

04/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: SEARS, STEVEN T
Address: 623 OAK STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

Title: MGR () Change (X) Addition
Name: SEARS, LINDA
Address: 623 OAK STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

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: STEVEN T. SEARS

MGR

04/25/2005

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