2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006
Secretary of State

DOCUMENT# L04000047152

Entity Name: S & L VENTURES, LLC

Current Principal Place of Business:

623 OAK STREET
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

1125 KINGSLAND COURT
JACKSONVILLE, FL 32259 US

Current Mailing Address:

623 OAK STREET
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

450 SR 13 N, SUITE 106, PMB 178
JACKSONVILLE, FL 32259 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
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SEARS, STEVEN T
Address: 1125 KINGSLAND COURT
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 04/14/2006

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