2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2007 8:00 am
Secretary of State
01-23-2007 90055 013 ****55.00

DOCUMENT # L04000048243

1. Entity Name
LEFE VENTURES, LLC

Principal Place of Business	Mailing Address
10611 RIVERBANK TERRACE DRIVE BRADENTON, FL 34212	10611 RIVERBANK TERRACE DRIVE BRADENTON, FL 34212

01132007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
804 MARITIME CT	804 MARITIME CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRADENTON, FL	City & State: BRADENTON, FL
Zip: 34212 Country: USA	Zip: 34212 Country: USA

4. FEI Number: 20-1347595 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOBBINS, MICHAEL
10611 RIVERBANK TERRACE DRIVE
BRADENTON, FL 34212

7. Name and Address of New Registered Agent

Name: WOLCOTT, JAMES
Street Address (P.O. Box Number is Not Acceptable): 804 MARITIME CT
City: BRADENTON FL Zip Code: 34212

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: J B Wolcott

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM DOBBINS, MICHAEL J 10611 RIVERBANK TERRACE BRADENTON, FL 34212	☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM WOLCOTT, JAMES 804 MARITIME COURT BRADENTON, FL 34212	☐ 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
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 exemptions contained in Chapter 119, 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: J B Wolcott James B. Wolcott 1/13/07 941-749-1070

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