

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90070 020 ****50.00

DOCUMENT #L04000053284

1. Entity Name
FLORIDA VENTURE I, LLC



Principal Place of Business
944 4TH STREET NORTH
SUITE # 800
SAINT PETERSBURG, FL 33701

Mailing Address
944 4TH STREET NORTH
SUITE # 800
SAINT PETERSBURG, FL 33701



01052006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1652484

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FUDGE, FELIX D
944 4TH STREET NORTH
SUITE # 800
SAINT PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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

F. D. Fudge
Signature, typed or printed name of registered agent and title if applicable.

FD Fudge
(NOTE: Registered Agent signature required when reinstating)

1/5/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

*Managing Member
Florida Venture I, LLC*

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FUDGE, FELIX D
STREET ADDRESS	944 4TH STREET NORTH, STE 800
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	MGRM
NAME	FELIX D. FUDGE TRUST <i>Felix P. Fudge Trust</i>
STREET ADDRESS	944 4TH STREET NORTH, STE 800
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	MGRM
NAME	ARAGON TRADING COMPANY, LP
STREET ADDRESS	227 SHAKESPEARE GLADE
CITY-ST-ZIP	GLENBROOK, NV 89413
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

F. D. Fudge

1/5/06

727-894-1917

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

Date

Daytime Phone #

*Managing Member
Florida Venture I, LLC*