


FILED  
May 23, 2005 8:00 am  
Secretary of State

04-25-2005 90099 026 \*\*\*\*50.00

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L04000058733			
1. Entity Name LTG VENTURES, LLC			
Principal Place of Business 4025 TAMPA ROAD, STE 1206 OLDSMAR, FL 34677		Mailing Address 4025 TAMPA ROAD, STE 1206 OLDSMAR, FL 34677	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BUBLEY & BUBLEY, P.A. 3820 NORTHDALÉ BOULEVARD, STE. 312 TAMPA, FL 33624		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code
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		DATE	
Signatures, typed or printed name of registered agent and 90c if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	MGRM	TITLE	
NAME	BOLDEN, CHRISTOPHER C	NAME	
STREET ADDRESS	2298 PRIMEROSE LANE, APT. 2703	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33763	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGRM	TITLE	
NAME	DUGUID, JAMES	NAME	
STREET ADDRESS	2413 MARCONI STREET	STREET ADDRESS	445 Heather Court
CITY-ST-ZIP	TAMPA, FL 33605	CITY-ST-ZIP	Bartow, FL 33830
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGRM	TITLE	
NAME	EDWARDS, JODY L	NAME	
STREET ADDRESS	6914 S. TRASK STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33618	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGRM	TITLE	
NAME	ERWINE, LEONARD T	NAME	
STREET ADDRESS	4707 STONEPOINTE PLACE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGRM	TITLE	
NAME	FOSTER, JUSTIN D	NAME	
STREET ADDRESS	1181 UNION STREET	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33755	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGRM	TITLE	
NAME	FRANK, DAVID	NAME	
STREET ADDRESS	305 CYPRESS CREEK CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 34677	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>David Frank</i> DAVID FRANK CEO		813 4-19-05 814-2888	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	