

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064673

**FILED**  
**Jul 19, 2007**  
**Secretary of State**

**Entity Name:** VENTRY CONSTRUCTION L.L.C.

**Current Principal Place of Business:**

324 E. SHARON STREET  
QUINCY, FL 32351

**New Principal Place of Business:**

1450 LUTEN ROAD  
QUINCY, FL 32352

**Current Mailing Address:**

324 E. SHARON STREET  
QUINCY, FL 32351

**New Mailing Address:**

1450 LUTEN ROAD  
QUINCY, FL 32352

**FEI Number:** 59-5442422      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MARCUS VENTRY, ROBERT  
324 E. SHARON STREET  
QUINCY, FL 32351    US

**Name and Address of New Registered Agent:**

VENTRY, ROBERT M  
1450 LUTEN ROAD  
QUINCY, FL 32352    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: ROBERT M VENTRY

07/19/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM    ( ) Delete  
Name: MARCUS VENTRY, ROBERT  
Address: 324 E. SHARON STREET  
City-St-Zip: QUINCY, FL 32351

**ADDITIONS/CHANGES:**

Title: MGRM    (X) Change    ( ) Addition  
Name: VENTRY, ROBERT M  
Address: 1450 LUTEN ROAD  
City-St-Zip: QUINCY, FL 32352

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT M VENTRY

MGRM

07/19/2007

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