


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

04-29-2005 90033 036 ****50.00

DOCUMENT # L04000082496

1. Entity Name
LAVENTANA, LLC



Principal Place of Business
**WEST BAY CORPORATE PARK
 9741 INTERNATIONAL COURT
 ST. PETERSBURG, FL 33716**

Mailing Address
**WEST BAY CORPORATE PARK
 9741 INTERNATIONAL COURT
 ST. PETERSBURG, FL 33716**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01122005 Chg-LLC CR2E063 (10/03)

4. FEI Number
20-1897111

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent
**PRIDGEN, GRADY C III
 WEST BAY CORPORATE PARK
 9741 INTERNATIONAL COURT
 ST. PETERSBURG, FL 33716**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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LA VENTANA, LLC

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: _____ **9/18/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #