


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90018 041 ****50.00

DOCUMENT # L04000083218	
1. Entity Name MID-COUNTY VENTURES, LLC	

Principal Place of Business 445 N. INDIAN ROCKS SUITE B BELLEAIR BLUFFS, FL 33770	Mailing Address 445 N. INDIAN ROCKS SUITE B BELLEAIR BLUFFS, FL 33770
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2. Principal Place of Business 1180 Ponce De Leon Blvd. Suite, Apt. #, etc. Suite 201 City & State Clearwater, FL Zip 33756 Country USA	3. Mailing Address 1180 Ponce De Leon Blvd. Suite, Apt. #, etc. Suite 201 City & State Clearwater, FL Zip 33756 Country USA
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05012006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1906718	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ARSENAULT, KENNETH G JR. 10225 ULMERTON ROAD SUITE 2 ARSENAULT LAW GROUP, PA LARGO, FL 33771	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VELTMAN, GREG D <input type="checkbox"/> Delete 445 N. INDIAN ROCKS RD STEB BELLEAIR BLUFFS, FL 33770	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Veltman, Greg D. 1180 Ponce De Leon Blvd. Suite 201 Clearwater, FL - 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Delete THOMAS, JOHN 445 N. INDIAN ROCKS RD STE B BELLEAIR BLUFFS, FL 33770	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thomas, John 1180 Ponce De Leon Blvd. Suite 201 Clearwater, FL - 33756
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
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
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
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

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:

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

Greg D. Veltman

Date

4/30/06

Daytime Phone #