

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087328

FILED
Jul 27, 2008
Secretary of State

Entity Name: C VENTURES, L.L.C.

Current Principal Place of Business:

698 EAST HEINBERG STREET
SUITE 107
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

698 EAST HEINBERG STREET
SUITE 107
PENSACOLA, FL 32501 US

New Mailing Address:

FEI Number: 20-1952330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

ALL FLORIDA FIRM INC
813 DELTONA BLVD STE A
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

CHALLENGOR, MICHAEL S
698 EAST HEINBERG STREET
SUITE 107
PENSACOLA, FL 32502 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: MICHAEL S CHALLENGOR

07/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHALLENGOR, MICHAEL S
Address: 229 NORTHCLIFFE DRIVE
City-St-Zip: GULF BREEZE, FL 32561 US

Title: MGR () Delete
Name: CHALLENGOR, SHERRY W
Address: 229 NORTHCLIFFE DRIVE
City-St-Zip: GULF BREEZE, FL 32561 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHERRY W CHALLENGOR

MGR

07/27/2008

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