

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90332 038 ****50.00

DOCUMENT # L04000087429					
1. Entity Name PROVENTURE, L.L.C.					
Principal Place of Business 112 N. EAST STREET SUITE B TAMPA, FL 33629 US			Mailing Address 112 N. EAST STREET SUITE B TAMPA, FL 33629 US		
2. Principal Place of Business - No P.O. Box # 2240 Belleair Rd		3. Mailing Address 2240 Belleair Rd			
Suite, Apt. #, etc. Suite 190		Suite, Apt. #, etc. Suite 190			
City & State Clearwater FL		City & State Clearwater FL			
Zip 33764		Country US		4. FEI Number 20-2569140	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LUKE CHARLES LIROT, P.A. 112 N. EAST STREET SUITE B TAMPA, FL 33629			7. Name and Address of New Registered Agent Name Luke Charles Lirot, P.A. Street Address (P.O. Box Number is Not Acceptable) 2240 Belleair Rd Suite 190 City Clearwater FL Zip Code 33764		
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 <i>Luke Lirot</i>		Luke Lirot		4-30-07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIROT, LUKE C 112 N. EAST STREET, SUITE B TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIROT, LUKE C 2240 Belleair Rd, Suite 190 Clearwater, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 <i>Luke Lirot</i>		4-19-07 (727) 536-2100			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	