


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000087813</b> 1. Entity Name <b>M &amp; L JOINT VENTURE, LLC</b>	
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Principal Place of Business

**255 THE ESPLANADE  
#303  
VENICE, FL 34285**

Mailing Address

**255 THE ESPLANADE  
#303  
VENICE, FL 34285**



04042006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1984687**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LAMB, FRED J  
255 THE ESPLANADE  
#303  
VENICE, FL 34285**

**DO NOT WRITE  
IN THIS SPACE**

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMB, FRED J 255 THE ESPLANADE #303 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMB, CHARLOTTE A 255 THE ESPLANADE #303 VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHEWS, JOHN E 4247 WORDSWORTH WAY VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATHEWS, BRENDA K 4247 WORDSWORTH WAY VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/28/06-80026-002.50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Fred J. Lamb*

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

Date

4/15/06

Daytime Phone #

941-485-1023