

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

**Feb 01, 2007 08:00 AM
Secretary of State**



DOCUMENT # L04000092746				1. Entity Name SEGGERMAN VENTURES, LLC	
Principal Place of Business 200 OCEAN LANE DRIVE, APT. 901 KEY BISCAVNE FL 33149			Mailing Address 200 OCEAN LANE DRIVE, APT. 901 KEY BISCAVNE FL 33149		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-2580450				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			7. Name and Address of New Registered Agent		
CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS FL 33410			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
<p>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.</p> <p>SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____</p>					
FILE NOW!!! FEE IS \$50.00			Make Check Payable to Florida Department of State		
Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEGGERMAN, INGBOR E		NAME		
STREET ADDRESS	200 OCEAN LANE DRIVE, APT. 901		STREET ADDRESS		
CITY ST ZIP	KEY BISCAVNE FL 33149		CITY ST ZIP		

1st MOORE CR2E083 (10/06)

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11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS FL 33410

Name
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City FL Zip Code

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NAME	SEGGERMAN, INGBOR E		NAME		
STREET ADDRESS	200 OCEAN LANE DRIVE, APT. 901		STREET ADDRESS		
CITY ST ZIP	KEY BISCAVNE FL 33149		CITY ST ZIP		

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02/07/07-80006-020 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* 1/29/07 305-361-52
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #