

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007953

FILED  
May 03, 2006  
Secretary of State

**Entity Name:** TRENCHCOAT VENTURES, LLC

**Current Principal Place of Business:**

2583 SOUTH FEDERAL HIGHWAY  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

789 SOUTH FEDERAL HIGHWAY  
SUITE 207  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 74-3138599      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:**

RICHARD, LEVENSTEIN  
853 S.E. MONTEREY COMMONS BLVD.  
STUART, FL 34996 US

**Name and Address of New Registered Agent:**

KNOPKA, SCOTT  
1000 SE MONTEREY COMMONS BLVD  
SUITE 306  
STUART, FL 34996 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: SCOTT KNOPKA

05/03/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TIMOTHY, BLAKESLEE  
Address: 789 S. FEDERAL HIGHWAY, SUITE 207  
City-St-Zip: STUART, FL 34994

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: THOMAS, SMITH  
Address: 2635 HAREM CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS SMITH SR.

MGR

05/03/2006

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