2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006
Secretary of State

DOCUMENT# L05000009166

Entity Name: INDEPENDANT ESTATE VENTURES LLC

Current Principal Place of Business:

3901 1ST AVE N
ST PETERSBURG, FL 33713

New Principal Place of Business:

6811 3RD AVE N
ST PETERSBURG, FL 33710

Current Mailing Address:

P.O. BOX 16791
ST PETERSBURG, FL 33733

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURTON, CYNTHIA J
3901 1ST AVE N
ST PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

BURTON, CYNTHIA J
6811 3RD AVE N
ST PETERSBURG, FL 33710 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: 02/27/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BURTON, CYNTHIA J
Address: 1ST AVE N
City-St-Zip: ST PETERSBURG, FL 33713

Title: MGRM ( ) Delete
Name: STEINHOUR, JANA M
Address: 1ST AVE N
City-St-Zip: ST PETERSBURG, FL 33713

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BURTON, CYNTHIA J
Address: 6811 3RD AVE N
City-St-Zip: ST PETERSBURG, FL 33710

Title: MGRM (X) Change ( ) Addition
Name: STEINHOUR, JANA M
Address: 6811 3RD AVE N
City-St-Zip: ST PETERSBURG, FL 33710

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: CYNTHIA J BURTON MGR 02/27/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date