

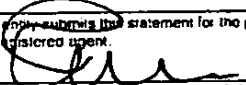
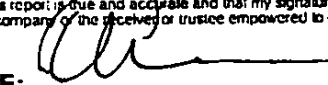
Received: 2/22/06 12:34AM;

-&gt; CELT INC

Feb 21 06 11:48p

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT****FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90011 039 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               |                                                                                                                                                                                                                      |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L05000013809</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               |                                                                                                                                     |                                                                   |
| 1. Entity Name<br><b>RAND VENTURES, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               |                                                                                                                                                                                                                      |                                                                   |
| Principal Place of Business<br><b>1447 TANGIER WAY<br/>SARASOTA, FL 34239</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                               | Mailing Address<br><b>1447 TANGIER WAY<br/>SARASOTA, FL 34239</b>                                                                                                                                                    |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               | 3. Mailing Address                                                                                                                                                                                                   |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | Suite, Apt. #, etc.                                                                                                                                                                                                  |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               | City & State                                                                                                                                                                                                         |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                       | Zip                                                                                                                                                                                                                  | Country                                                           |
| 5. Name and Address of Current Registered Agent<br><b>WAGNER, E. JOHN II<br/>200 SOUTH ORANGE AVENUE<br/>SARASOTA, FL 34236</b>                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               | 7. Name and Address of New Registered Agent<br>Name: <b>SPRAT LEEREVELD</b><br>Street Address (P.O. Box Number is Not Acceptable):<br><b>3701 BEE RIDGE Rm</b><br>City: <b>SARASOTA FL</b> FL Zip Code: <b>34233</b> |                                                                   |
| 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:  <b>Bart Leereveld</b>                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | DATE: <b>2/23/06</b>                                                                                                                                                                                                 |                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               | Make check payable to<br>Florida Department of State                                                                                                                                                                 |                                                                   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                                                         |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>LEEREVELD, BART<br>1447 TANGIER WAY<br>SARASOTA, FL 34239 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>SVIRSKY, STEPHEN B<br>5117 OXFORD DRIVE<br>SARASOTA, FL 34232 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>WATANABE, KAHORU<br>5824 BEE RIDGE ROAD PMB 318<br>SARASOTA, FL 34233 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  <b>Bart Leereveld</b>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               | DATE: <b>2/23/06</b> 941232 9958                                                                                                                                                                                     |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |                                                                                                                                                                                                                      |                                                                   |

30004613



02212006 Chg-LLC CR2E083 (11/05)

4. FEI Number **202347523** Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required