
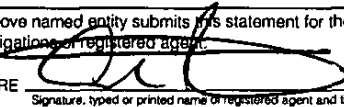
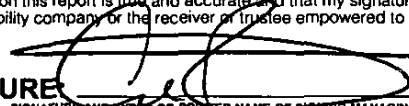


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90367 002 ****55.00

DOCUMENT # L05000015622 1. Entity Name 232 VENTURES, LLC					
Principal Place of Business 255 N. LAKE AVE. LAKE BUTLER, FL 32054			Mailing Address P.O. BOX 238 LAKE BUTLER, FL 32054		
2. Principal Place of Business - No P.O. Box # 12469 W. SR 100		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lake Butler FL 32054		City & State		4. FEI Number 20-2353164	
Zip 32054		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT, AVERY C 255 N. LAKE AVE. LAKE BUTLER, FL 32054			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12469 W. SR 100 City Lake Butler FL Zip Code 32054		
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  Avery C. Roberts DATE 4-19-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBERTS, AVERY C 255 NORTH LAKE AVE LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	12469 W. SR 100 Lake Butler, FL 32054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCINTOSH, THOMAS 4141 NW 37TH PLACE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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  Avery C. Roberts			Date 4/19/07 Daytime Phone # 386-496-3509		

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