

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90049 030 \*\*\*\*50.00

**DOCUMENT # L05000016804**

1. Entity Name  
**VENTURE FUNDING SOURCE, LLC**



Principal Place of Business  
**105 SARASOTA QUAY  
SARASOTA, FL 34236**

Mailing Address  
**105 SARASOTA QUAY  
SARASOTA, FL 34236**

**30004715**

2. Principal Place of Business  
**1886 Stickney Point Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**1886 Stickney Point Rd**  
Suite, Apt. #, etc.



City & State  
**Sarasota, FL**  
Zip **34231** Country **USA**

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**Sarasota, FL**  
Zip **34231** Country **USA**

02072006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**352253300**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 32301-2960**

7. Name and Address of New Registered Agent

Name **Steven Medendorp**  
Street Address (P.O. Box Number is Not Acceptable)  
**1884 Stickney Point Rd**  
City **Sarasota** FL **34231**

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

*[Signature]*

(NOTE: Registered Agent signature required when reappointing)

**2/9/06**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNALLY, WILLIAM 105 SARASOTA QUAY SARASOTA, FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNALLY, SCOTT 105 SARASOTA QUAY SARASOTA, FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNALLY, William 1886 Stickney Point Rd. Sarasota, FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCNALLY, Scott 1886 Stickney Point Rd. Sarasota, FL 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

*[Signature]*

**2/9/06 (941) 308-1175**  
Date Daytime Phone #