

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000024281

1. Entity Name
FORT DRUM VENTURE, LLC



Principal Place of Business
**6020 5TH STREET, SW
VERO BEACH, FL 32968**

Mailing Address
**6020 5TH STREET, SW
VERO BEACH, FL 32968**



01082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2489888

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FENNELL, TODD W ESQ
979 BEACHLAND BLVD.
VERO BEACH, FL 32963**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAHLE, GEORGE A 6020 5TH ST. SW VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAHLE, DOLF 1599 GRACEWOOD LN VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, ELSON JR 4776 OLD DIXIE HWY VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, JOHN 801 WAYNE AVE. STE 200 SILVER SPRING, MD 20910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000789088
01/22/08-80012-004 138.75

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

George A Kahl
George A Kahl

1/16/08 772-778-2224