

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000034963
 1. Entity Name
 CUTSHALL VENTURES, LLC



Principal Place of Business
 21731 TUCKAHOE ROAD
 ALVA, FL 33920

Mailing Address
 21731 TUCKAHOE ROAD
 ALVA, FL 33920

DO NOT WRITE IN THIS SPACE



01102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2753437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 FOWLER WHITE BOGGS BANKER P.A.
 5811 PELICAN BAY BLVD., SUITE 600
 NAPLES, FL 34108

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUTSHALL, PAUL L 21731 TUCKAHOE ROAD ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUTSHALL, GALE 21731 TUCKAHOE ROAD ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/06/07-80058-012 50.00

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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: *Paul L. Cutshall* C-239 2096917
 1-29-07 239-7282295 H

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #