2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

04-24-2006 90045 031 ****50.00

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1. Entity Name
CZ VENTURES, LLC

Principal Place of Business
509 SAPPHIRE DRIVE
SARASOTA, FL 34234 US

Mailing Address
509 SAPPHIRE DR
SARASOTA FL 34234

04202006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-2812532 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIDDELL, JEFFERSON F ESQ. 3400 SOUTH TAMIAMI TRAIL SARASOTA, FL 34239	Name Amanda M. Mason Street Address (P.O. Box Number is Not Acceptable) 509 Sapphire Dr. City SARASOTA FL Zip Code 34234

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 _____ 4-20-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM; MARSON, MARK 509 SAPPHIRE DRIVE SARASOTA, FL 34234 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASON, AMANDA 509 SAPPHIRE DRIVE SARASOTA, FL 34234 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Amanda M. Mason 4-20-06 941 359-9661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #