



2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000059415					
1. Entity Name VENTURE TECH INTERNATIONAL LLC					
Principal Place of Business 28100 US HIGHWAY 19 NORTH STE 410 CLEARWATER, FL 33761		Mailing Address 28100 US HIGHWAY 19 NORTH STE 410 CLEARWATER, FL 33761		40098037	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04302007 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number 20-3647977	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, GREGORY 28100 US HIGHWAY 19 NORTH SUITE 507 CLEARWATER, FL 33761				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 408 City FL Zip Code	
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 relinquishing) Signature, typed or printed name of registered agent and title if applicable. DATE					
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 BAGNALL, DARREN 28100 US HWY 19 N STE 410 CLEARWATER, FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
NATURE: <i>Genevieve Lawlor</i>			Date: 4-30-07 Daytime Phone: 727-669-5900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					