2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000092052

1. Entity Name
FAITH VENTURES, LLC

Principal Place of Business	Mailing Address
4767 N.W. 24TH COURT LAUDERDALE LAKES, FL 33313 US	4767 N.W. 24TH COURT LAUDERDALE LAKES, FL 33313 US

07052007No Chg-LLC CR2E083 (11/05)

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4. FEI Number
20-3533230
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILSON, JOYCELYN
6 ZINNIAS COURT
HOMOSASSA, FL 34446

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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 Joycelyn Wilson 07/05/07
Signature, type 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 September 14, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BAUGH, ALLAN
STREET ADDRESS	4871 N.W. 7TH DRIVE
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	MGRM
NAME	REID, SELBOURNE
STREET ADDRESS	9801 N.W. 47TH DRIVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	MGRM
NAME	COOPER, FRANK
STREET ADDRESS	4931 N.W. 17TH COURT
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	MGRM
NAME	ROYES, DAPHNE
STREET ADDRESS	3365 N.W. 33RD COURT
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309
TITLE	MGRM
NAME	SEWELL, CAROL
STREET ADDRESS	8221 N.W. 47TH STREET
CITY-ST-ZIP	LAUDERHILL, FL 33351
TITLE	MGRM
NAME	CAMPBELL, SHARYN
STREET ADDRESS	403 N. LAUREL DRIVE
CITY-ST-ZIP	MARGATE, FL 33063

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07/10/07-80009-012 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: Daphne Royes DAPHNE ROYES 07 05 07 954 640 3612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #