

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90115 015 ***138.75

DOCUMENT # L05000092052 1. Entity Name FAITH VENTURES, LLC					
Principal Place of Business 4767 N.W. 24TH COURT LAUDERDALE LAKES, FL 33313 US			Mailing Address 4767 N.W. 24TH COURT LAUDERDALE LAKES, FL 33313 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02192008 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-3533230	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WILSON, JOYCELYN 6 ZINNIAS COURT HOMOSASSA, FL 34446			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <u>Joycelyn Wilson</u> DATE <u>03/20/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAUGH, ALLAN 4871 N.W. 7TH DRIVE PLANTATION, FL 33317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm. Joycelyn Wilson 6 Zinnias Court Homosassa, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REID, GELBOURNE 9801 N.W. 47TH DRIVE CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOPER, FRANK 4931 N.W. 47TH COURT LAUDERHILL, FL 33313	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROYES, DAPHNE 3365 N.W. 33RD COURT LAUDERDALE LAKES, FL 33309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEWELL, CAROL 8221 N.W. 47TH STREET LAUDERHILL, FL 33351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPBELL, SHARYN 403 N. LAUREL DRIVE MARGATE, FL 33063	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Daphne Royes</u> DATE: <u>03.20.08</u> DAYTIME PHONE #: <u>954 6403612</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					