## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000093080** 



**FILED** Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90043 002 \*\*\*\*50.00

HEZLEP VENTURES L.L.C.										
Principal Place of Business 10709 CAPE HATTERAS DR TAMPA, FL 33615 US		Mailing Address 10709 CAPE HATTERAS DR TAMPA, FL 33615 US		E IERIFEN AN	ı 400 bi dizil <b>46</b> 711 <b>29</b> 11 18	EIM <b>PEHR (6</b> 186 1	ira Adek j <b>a</b> ji <b>s</b> a	11 <b>44</b> 1 PH P <b>19</b> 3		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04062006	Chg-LLC	CR2E	)83 (11/05)		
City & State		City & State		4. FEI Numb	er <b>27960</b>		) <del></del>	oplied For ot Applicable		
Zip	Country		Zip Country		itry	<u> </u>	of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current R			Registered Agent	gistered Agent Name		7. Name and	Address of New I	Registered	Agent	
HEZLEP, LYNN M 10709 CAPE HATTERAS DR TAMPA, FL 33615					P.O. Box Numb	er is Not Acceptable	ie)			
	a'r			City		· · · · · · · · · · · · · · · · · · ·		FL	Zip Cod	e
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, an the obligations of registered agent.							and accept			
SIGNATURE .	Signature, typed	or printed name of registered agent a	ind title if applicable. (NOTE	: Registere	d Agent signature required	f when reinstating)	<del></del>	DATE		
				<u></u>	<u></u>				•	
Filing Fee is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State				
D	ue by May	1, 2006								6
D. 9.	ue by May	MANAGING MEMBER	RS/MANAGERS	10.				a Departm	ent of State	6
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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.

SIGNATURE: J. H. Hez/ep signature and typed or prints have of signing managing member anamager, or authorized representative

4/6/2006