2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State
01-10-2007 90060 027 ****50.00

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1. Entity Name
HEZLEP VENTURES L.L.C.

Principal Place of Business	Mailing Address
10709 CAPE HATTERAS DR TAMPA, FL 33615 US	10709 CAPE HATTERAS DR TAMPA, FL 33615 US

01062007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
602 Maybank Loop	602 Maybank Loop
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: The Villages, FL	City & State: The Villages, FL
Zip: 32162-8781 Country: US	Zip: 32162-8781 Country: US

4. FEI Number: 04-3827960 ☐ 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
HEZLEP, LYNN M 10709 CAPE HATTERAS DR TAMPA, FL 33615	Name: Hezlep, Lynn M. Street Address (P.O. Box Number is Not Acceptable): 602 Maybank Loop City: The Villages, FL FL Zip Code: 32162

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 L.M. Hezlep Lynn M. Hezlep 1/06/2007
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEZLEP, LYNN M 10709 CAPE HATTERAS DR TAMPA, FL 33615 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hezlep, Lynn M. 602 Maybank Loop The Villages, FL 32162 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEZLEP, JOAN D 10709 CAPE HATTERAS DR TAMPA, FL 33615 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hezlep, Joan D 602 Maybank Loop The Villages, FL 32162 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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

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: L.M. Hezlep Lynn M. Hezlep 1/06/2007 352-350-2488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #