

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093080

FILED
Jan 08, 2008
Secretary of State

Entity Name: HEZLEP VENTURES L.L.C.

Current Principal Place of Business:

602 MAYBANK LOOP
LADY LAKE, FL 321628781 US

New Principal Place of Business:

602 MAYBANK LOOP
THE VILLAGES, FL 321628781 US

Current Mailing Address:

602 MAYBANK LOOP
LADY LAKE, FL 321628781 US

New Mailing Address:

602 MAYBANK LOOP
THE VILLAGES, FL 321628781 US

FEI Number: 04-3827960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEZLEP, LYNN M
602 MAYBANK LOOP
LADY LAKE, FL 32162 US

Name and Address of New Registered Agent:

HEZLEP, LYNN M
602 MAYBANK LOOP
THE VILLAGES, FL 321628781 US

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.

SIGNATURE:

01/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HEZLEP, LYNN M
Address: 602 MAYBANK LOOP
City-St-Zip: LADY LAKE, FL 32162 US

Title: MGRM () Delete
Name: HEZLEP, JOAN D
Address: 602 MAYBANK LOOP
City-St-Zip: THE VILLAGES, FL 32162

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HEZLEP, LYNN M
Address: 602 MAYBANK LOOP
City-St-Zip: THE VILLAGES, FL 321628781 US

Title: MGRM (X) Change () Addition
Name: HEZLEP, JOAN D
Address: 602 MAYBANK LOOP
City-St-Zip: THE VILLAGES, FL 321628781

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LYNN M HEZLEP

MGRM

01/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date