

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097206

FILED
Jan 14, 2008
Secretary of State

Entity Name: DR. MERCEDES & ORJUELS VENTURE LLC

Current Principal Place of Business:

9872 LINEBAUGH AVE
TAMPA, FL 33626

New Principal Place of Business:

12171 W LINEBAUGH AVE
TAMPA, FL 33626

Current Mailing Address:

9872 LINEBAUGH AVE
TAMPA, FL 33626

New Mailing Address:

12171 W LINEBAUGH AVE
TAMPA, FL 33626

FEI Number: 41-2191973

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORJUELA, IVAN
9872 LINEBAUGH AVE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

ORJUELA, IVAN
12171 W LINEBAUGH AVE
TAMPA, FL 33626 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:

01/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ORJUELA, MARIA M
Address: 9872 LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33626

Title: MGRM () Delete
Name: ORJUELA, IVAN
Address: 9872 LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ORJUELA, MARIA M
Address: 12171 W LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33626

Title: MGRM (X) Change () Addition
Name: ORJUELA, IVAN
Address: 12171 W LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33626

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: MARIA M ORJUELA

MGR

01/14/2008

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