

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000108864**

1. Entity Name  
**FDC VENTURES LLC**



Principal Place of Business  
**202 LAKE GEORGE POINT DRIVE  
GEORGETOWN, FL 32139**

Mailing Address  
**P.O. BOX 1272  
WELAKA, FL 32193**



02052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3803435</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**CRAFT, ETHEL D  
202 LAKE GEORGE POINT DRIVE  
GEORGETOWN, FL 32139**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Use ink or black marker to sign the agent and the filer. Do not use a stamp or a signature that is not legible. Do not use a signature that is not the same as the one on the certificate of status.

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	CRAFT, ETHEL D
STREET ADDRESS	202 LAKE GEORGE POINT DRIVE
CITY- ST- ZIP	GEORGETOWN, FL 32139

TITLE	MGRM
NAME	CRAFT, FRANKIE D
STREET ADDRESS	202 LAKE GEORGE POINT DRIVE
CITY- ST- ZIP	GEORGETOWN, FL 32139

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04/10/07-80072-016 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Ethel D. Craft  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Ethel D. CRAFT**

**3/26/07**