2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000108864

1. Entity Name

FDC VENTURES LLC



FILED Mar 12, 2008 08:00 A Secretary of State

Principal Place of Business

202 LAKE GEORGE POINT DRIVE GEORGETOWN, FL 32139

Mailing Address

P.O. BOX 1272 WELAKA, FL 32193



DO NOT WRITE IN THIS SPACE

03092008 No Chg-LLC

CR2E083 (12/07)

Devtime Phone #

4. FEI Number 20-3803435

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 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.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAFT, ETHEL D 202 LAKE GEORGE POINT DRIVE GEORGETOWN, FL 32139		U00000856167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRAFT, FRANKIE D 202 LAKE GEORGE POINT DRIVE GEORGETOWN, FL 32139		03/27/08-80075-017 5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000856167 03/27/08-80075-018 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			e de la companya de La companya de la co

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE