

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121379

FILED
Apr 27, 2007
Secretary of State

Entity Name: VENTURE TWO PROPERTIES, LLC.

Current Principal Place of Business:

14920 ORANGE AVENUE
FORT PIERCE, FL 34945

New Principal Place of Business:

9242 NW 144TH TRAIL
OKEECHOBEE, FL 34972

Current Mailing Address:

P.O. BOX 1697
OKEECHOBEE, FL 34973

New Mailing Address:

FEI Number: 20-4025644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, GAYLE L
14920 ORANGE AVENUE
FORT PIERCE, FL 34945 US

Name and Address of New Registered Agent:

MOORE, GAYLE L
9242 NW 144TH TRAIL
OKEECHOBEE, FL 34972 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: GAYLE MOORE

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOORE, GAYLE L
Address: 14920 ORANGE AVENUE
City-St-Zip: FORT PIERCE, FL 34945

Title: MGRM () Delete
Name: PURVIS, JOHN S
Address: 14920 ORANGE AVENUE
City-St-Zip: FORT PIERCE, FL 34945

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOORE, GAYLE L
Address: 9242 NW 144TH TRAIL
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM (X) Change () Addition
Name: PURVIS, JOHN S
Address: 9242 NW 144TH TRAIL
City-St-Zip: OKEECHOBEE, FL 34972

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: GAYLE MOORE

MGR

04/27/2007

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