

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000015302

Entity Name: FAITH VENTURES LLC

FILED  
Jan 12, 2008  
Secretary of State

## Current Principal Place of Business:

629 CONCORDIA AVE.  
CLEWISTON, FL 33440 US

## New Principal Place of Business:

629 CONCORDIA AVE  
CLEWISTON, FL 33440 US

## Current Mailing Address:

629 CONCORDIA AVE.  
CLEWISTON, FL 33440 US

## New Mailing Address:

FEI Number: 65-0722077      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, BEN  
629 CONCORDIA AVE.  
CLEWISTON, FL 33440 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WILLIAMS, BEN  
Address: 629 CONCORDIA AVE.  
City-St-Zip: CLEWISTON, FL 33440 US

Title: MGRM ( ) Delete  
Name: WILLIAMS, ELMA  
Address: 629 CONCORDIA AVE.  
City-St-Zip: CLEWISTON, FL 33440 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BEN WILLIAMS

MGRM

01/12/2008

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