

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063591

Entity Name: PYKE VENTURES, LLC

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

4430 TEVALO DRIVE
VALRICO, FL 33594 US

New Principal Place of Business:

4430 TEVALO DRIVE
VALRICO, FL 33596 US

Current Mailing Address:

4430 TEVALO DRIVE
VALRICO, FL 33594 US

New Mailing Address:

4430 TEVALO DRIVE
VALRICO, FL 33596 US

FEI Number: 20-5182096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PYKE, TERRI L
4430 TEVALO DRIVE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

PYKE, TERRI L
4430 TEVALO DRIVE
VALRICO, FL 33596 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:

04/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PYKE, WALTER R
Address: 4430 TEVALO DRIVE
City-St-Zip: VALRICO, FL 33594 US

Title: MGRM () Delete
Name: PYKE, TERRI L
Address: 4430 TEVALO DRIVE
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PYKE, WALTER R
Address: 4430 TEVALO DRIVE
City-St-Zip: VALRICO, FL 33596 US

Title: MGRM (X) Change () Addition
Name: PYKE, TERRI L
Address: 4430 TEVALO DRIVE
City-St-Zip: VALRICO, FL 33596 US

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: TERRI PYKE

MGRM

04/23/2008

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