2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000063949

1. Entity Name HIGH TECH VENTURES LLC



FILED
Mar 05, 2008 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

9101 W COLLEGE POINTE DR SUITE 1 FORT MYERS, FL 33919 9101 W COLLEGE POINTE DR SUITE 1 FORT MYERS, FL 33919 US

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CR2E083 (12/07)

4. FEI Number
20-5196309

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KINSEY ASSOCIATES INC 9101 W COLLEGE POINTE DR SUITE 1 FORT MYERS, FL 33919

DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC

| the obligations of registered agent. | | | | |
|---|---|--|---|--|
| SIGNATURE. | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent aignature 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 | MGR KINSEY, JAMES E JR PO BOX 1662 FORT MYERS, FL 33902 | | U00000848539 03/20/08-80023-002 138.75 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WU, WEN J 14975 TECHNOLOGY COURT FORT MYERS, FL 33912 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN | IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE | | | | |

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

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 employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS City-St-Zip

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MEMBER, OR AUTHORIZED REPRESENTATION

15 3/108 239 939 1367