

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065468

Entity Name: ISABEL VENTURES, LLC

FILED
Mar 22, 2007
Secretary of State

Current Principal Place of Business:

522 E WASHINGTON ST.
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

522 E WASHINGTON ST.
ORLANDO, FL 32801

New Mailing Address:

522 E WASHINGTON ST
ORLANDO, FL 32801

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, SEAN E
251 MAITLAND AVE.
ALTAMONTE SPRINGS,, FL 32701 US

Name and Address of New Registered Agent:

KELLEY, SEAN E
522 E WASHINGTON ST
ORLANDO, FL 32801 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: SEAN KELLEY

03/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KELLEY, SEAN E
Address: 251 MAITLAND AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGR () Delete
Name: SWARTZ, PEARL
Address: 106 LAMPLIGHTER RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KELLEY, SEAN E
Address: 522 E WASHINGTON ST
City-St-Zip: ORLANDO, FL 32801

Title: MGR (X) Change () Addition
Name: SWARTZ, PEARL
Address: 106 LAMPLIGHTER RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the 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: SEAN KELLEY

MGR

03/22/2007

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