

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073870

Entity Name: LLLVENTURES, LLC

FILED  
May 06, 2009  
Secretary of State

**Current Principal Place of Business:**

2442 SWEETWATER BLVD.  
ST CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

2442 SWEETWATER BLVD.  
ST CLOUD, FL 34772

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BROOKS, LAURIE H  
2442 SWEETWATER BLVD  
ST CLOUD, FL, FL 34772 US

**Name and Address of New Registered Agent:**

BROOKS, LAURIE H  
2442 SWEETWATER BLVD  
ST CLOUD, FL 34772 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:

05/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BROOKS, WILLIAM D  
Address: 2442 SWEETWATER BLVD.  
City-St-Zip: ST CLOUD, FL 34772

Title: MGR ( ) Delete  
Name: BROOKS, LAURIE H  
Address: 2442 SWEETWATER BLVD.  
City-St-Zip: ST CLOUD, FL 34772

**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: WILLIAM D BROOKS

MGR

05/06/2009

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