2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State
02-08-2007 90144 007 ****50.00

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1. Entity Name

ALD VENTURES LLC

Principal Place of Business	Mailing Address
523 CLIFTON BLUFF LANE JACKSONVILLE FL 32211	PO BOX 16466 JACKSONVILLE FL 32245

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
16 LAMSON ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FLA.	City & State
Zip: 32211 Country: U.S.A.	Zip / Country

4. FEI Number 77-0666057 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OUREDNIK, KAREL IV
OUREDNIK LAW OFFICES, P.A.
4925 BEACH BOULEVARD
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRESIDENT WILLIAM T KOVER PO BOX 16466 JAX FLA 32245	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V. PRES WANDA J. KOVER PO BOX 16466 JAX FLA 32245	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete
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10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Pres. 1/22/07 904 721 2236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #