2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# L06000116439

Entity Name: ATOKA VENTURES, LLC

Current Principal Place of Business:

101 POQUITO ROAD
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

101 POQUITO ROAD
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 36-4598498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODPASTER, HOWARD
101 POQUITO ROAD
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GOODPASTER, HOWARD
Address: 101 POQUITO ROAD
City-St-Zip: SHALIMAR, FL 32579 US

Title: MGR ( ) Delete
Name: GOODPASTER, CHRISTROPHER G
Address: 25 OLD FERRY ROAD
City-St-Zip: SHALIMAR, FL 32579 US

Title: MGR ( ) Delete
Name: GOODPASTER, RONALD E
Address: 200 WHITE STREET #7
City-St-Zip: NICEVILLE, FL 32578 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HOWARD GOODPASTER MGRM 03/05/2009

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