

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90306 050 ****50.00

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02192007 Chg-LLC CR2E083 (12/06)

| | | | |
|--|--|--|--|
| DOCUMENT # L06000119805 1. Entity Name GODVEN, LLC | | | |
| Principal Place of Business 3660 SOUTH RIDGE CIR TITUSVILLE, FL 32796 | | Mailing Address 3660 SOUTH RIDGE CIR TITUSVILLE, FL 32796 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 70 Suite, Apt. #, etc. | |
| City & State Titusville FL | | City & State Titusville FL | |
| Zip 32181-0070 | Country US | 4. FEI Number 20-8065003 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BEECHAM, ANN 3660 SOUTH RIDGE CIR TITUSVILLE, FL 32796 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE | MGR <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VENUTI, LOUIS | NAME | |
| STREET ADDRESS | 2440 SAVANNAH ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | TITUSVILLE, FL 32780 | CITY-ST-ZIP | |
| TITLE | MGR <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VENUTI, LORETTA | NAME | |
| STREET ADDRESS | 2440 SAVANNAH ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | TITUSVILLE, FL 32780 | CITY-ST-ZIP | |
| TITLE | MGR <input type="checkbox"/> Delete | TITLE | MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEECHAM, ANN | NAME | ANN Beecham |
| STREET ADDRESS | 2440 SAVANNAH ROAD | STREET ADDRESS | 3660 South Ridge Circle |
| CITY-ST-ZIP | TITUSVILLE, FL 32780 | CITY-ST-ZIP | Titusville, FL 32796 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 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 empowered to execute this report as required by Chapter 608, Florida Statutes. | | | |
| SIGNATURE: <i>Ann Beecham</i> | | Date <i>2/22/2007</i> Daytime Phone # | |