

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000028741

Entity Name: BEST VENTURES, LLC

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

4825 EAST COUNTY ROAD, #542
LAKELAND, FL 33801

New Principal Place of Business:

4825 EAST COUNTY ROAD 542
LAKELAND, FL 33801

Current Mailing Address:

4825 EAST COUNTY ROAD, #542
LAKELAND, FL 33801

New Mailing Address:

4825 EAST COUNTY ROAD 542
LAKELAND, FL 33801

FEI Number: 30-0409264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEST, SUSAN J ESQ.
4825 EAST COUNTY ROAD, #542
LAKELAND, FL 33801 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MRS. () Change (X) Addition
Name: BEST, MARTHA S
Address: 4825 E. COUNTY ROAD 542
City-St-Zip: LAKELAND, FL 33801 US

Title: MR. () Change (X) Addition
Name: BEST, WILLIAM W
Address: 4825 E. COUNTY ROAD 542
City-St-Zip: LAKELAND, FL 33801 US

Title: MR. () Change (X) Addition
Name: BEST, KEVIN W
Address: 110 JOHN CARROLL ROAD E.
City-St-Zip: LAKELAND, FL 33801 US

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: MARTHA S. BEST

MRS.

04/22/2008

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