2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L07000030914

Entity Name: BAHAMAS VENTURE, LLC

Current Principal Place of Business:

8803 LAKE MABEL DRIVE
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

PO BOX 2094
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 20-8654807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARVEY, SANDRA
8803 LAKE MABEL DRIVE
ORLANDO, FL 32836 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:	MGR	( ) Delete
Name:	GARNER, DAVID	
Address:	917 NORTH PALMWAY STREET	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	MGR	( ) Delete
Name:	HARVEY, SANDRA	
Address:	8803 LAKE MABEL DRIVE	
City-St-Zip:	ORLANDO, FL 32836	
Title:	MGR	( ) Delete
Name:	HARVEY, TOM	
Address:	8803 LAKE MABEL DRIVE	
City-St-Zip:	ORLANDO, FL 32836	
Title:	MGR	( ) Delete
Name:	FRESONKE, DEAN	
Address:	5127 LATROBE DRIVE	
City-St-Zip:	WINDERMERE, FL 34786	
Title:	MGR	( ) Delete
Name:	TORMEY, DENISE M	
Address:	2634 TRYON PLACE	
City-St-Zip:	WINDERMERE, FL 34786	
Title:	MGR	( ) Delete
Name:	STEPHANIE, FRESONKE L	
Address:	5127 LATROBE DRIVE	
City-St-Zip:	WINDERMERE, FL 34786	

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:	
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: SANDRA HARVEY MGR 04/28/2008

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