

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030914

FILED  
Apr 15, 2009  
Secretary of State

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

04/15/2009

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