2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 14, 2008 8:00 am Secretary of State

DOCUMENT # L07000032142 1. Entity Name BURRIS VENTURE CAPITAL MANAGEMENT, L.L.C.						02-14-2008	3 90074 02	25 ***13	38.75
Principal Plac	e of Business	Mailing Address		, , , , , , , , , , , , , , , , , , , 	1				
3639 BAGWELL ROAD			3639 BAGWELL ROAD			0000	110		
PACE, FL 32571		PACE, FL 32571	PACE, FL 32571		60008102				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01282008	Chg-LLC	CR2E083	(12/06)	
City & State		City & State	City & State		4. FEI Numbe	ər			oplied For
Zip	Country	Zip	Count	ry	5. Certificate	of Status Desired		5.00 Add	
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Curre	ent Registered Agent			7. Name and	Address of New R	egistered Age	ent	
BURRIS V	WILLIAM D			Name					
	WELL ROAD		Street Address (I		(P.O. Box Number is Not Acceptable)				
				City			FL	Zip Code	6
8. The above the obligat	named entity submits this statemer ions of registered agent.	nt for the purpose of changing its	s registere	ed office or registe	red agent, or bot	h, in the State of Flo	orida. I am fam	niliar with,	and accept
SIGNATURE .						<u></u>			
Signature, typed or printed name of registered agent and title if applicable. (NOTI FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75									
			ic. negistered	l Agent signature require	d when reinstating)		e check pays Department		9
	/ 1, 2008 Fee will be \$538		10.	Agent signature require	d when reinstalling)		e check paya n Department		b
9.	, 1, 2008 Fee will be \$538 MANAGING MEN	.75			d when reinstalling)	Florida	e check pays Department		Addition
9. TITLE NAME	MANAGING MEN MGR BURRIS, WILLIAM D	.75 MBERS/MANAGERS	10. TITLE NAME		d when reinstating)	Florida	e check pays Department	t of State	
9.	, 1, 2008 Fee will be \$538 MANAGING MEN	.75 MBERS/MANAGERS	10. TITLE NAME STREE		d when reinstating)	Florida	e check pays Department	t of State	
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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: (William D. Burris, Mgr)

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(850) 994-3749