

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Apr 03, 2009
Secretary of State**

DOCUMENT# L07000035401

Entity Name: TBD VENTURES, LLC

Current Principal Place of Business:

91 BRANSCOMB ROAD
SUITE 15
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

91 BRANSCOMB ROAD
SUITE 15
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 20-8771318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORIA, ANTHONY J
91 BRANSCOMB ROAD
SUITE 15
GREEN COVE SPRINGS, FL 32043 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: MGRM () Delete
Name: GORIA, ANTHONY J
Address: 91 BRANSCOMB ROAD, SUITE 15
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM () Delete
Name: HART, RICHARD J JR.
Address: 91 BRANSCOMB ROAD, SUITE 15
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGRM () Delete
Name: WHITE, BRENT
Address: 91 BRANSCOMB ROAD, SUITE 15
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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:

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: ANTHONY GORIA

MGRM

04/03/2009

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