

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

04-16-2008 90116 034 ***138.75

DOCUMENT # L07000054786 1. Entity Name FORRER VENTURES CAPITAL, LLC					
Principal Place of Business 300 OCEAN DRIVE #6 KEY LARGO, FL 33037			Mailing Address 300 OCEAN DRIVE #6 KEY LARGO, FL 33037		
2. Principal Place of Business - No P.O. Box # 103375 OVERSEAS HWY		3. Mailing Address P.O. Box 372846			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Key Largo, FL		City & State Key Largo, FL		4. FEI Number 51-0641357	
Zip 33037		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FORRER, JOHN E 300 OCEAN DRIVE #6 KEY LARGO, FL 33037			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>John Forrer</i></u> DATE <u>4/3/08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FORRER, JOHN E 300 OCEAN DRIVE #6 KEY LARGO, FL 33037		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>John Forrer</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/3/08</u> 305-453-0010 <small>Daytime Phone #</small>		