

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077760

FILED
Feb 01, 2008
Secretary of State

Entity Name: PATH WISE PROPERTY VENTURES, LLC

Current Principal Place of Business:

3333 COUNTRY SIDE VIEW DR.
SAINT CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

3333 COUNTRY SIDE VIEW DR.
SAINT CLOUD, FL 34772

New Mailing Address:

FEI Number: 26-1880399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAFER, MATTHEW D
3333 COUNTRY SIDE VIEW DR
SAINT CLOUD, FL 34772 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: ANISKY, DOUGLAS J
Address: 2478 SOUTHRIDGE RD
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGRM () Delete
Name: SHAFER, MATTHEW D
Address: 3333 COUNTRY SIDE DR.
City-St-Zip: SAINT CLOUD, FL 34772

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHAFER, MATTHEW D
Address: 3333 COUNTRYSIDE VIEW DR
City-St-Zip: SAINT CLOUD, FL 34772

Title: MGRM (X) Change () Addition
Name: SHAFER, MANDY M
Address: 3333 COUNTRYSIDE VIEW DR
City-St-Zip: SAINT CLOUD, FL 34772

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: MANDY M SHAFER

MGRM

02/01/2008

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