

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000083292

Entity Name: GONZALEZ VENTURES, LLC

FILED  
Jan 19, 2009  
Secretary of State

## Current Principal Place of Business:

2430 VANDERBILT BEACH RD, 108  
BOX 254  
NAPLES, FL 34109

## New Principal Place of Business:

2430 VANDERBILT BCH RD  
SUITE 108-254  
NAPLES, FL 34109

## Current Mailing Address:

2430 VANDERBILT BEACH RD, 108  
BOX 254  
NAPLES, FL 34109

## New Mailing Address:

2430 VANDERBILT BCH RD  
SUITE 108-254  
NAPLES, FL 34109

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ, HERIBERTO  
11731 RED HIBISCUS DRIVE  
BONITA SPRINGS, FL 34135 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: GONZALEZ, HERIBERTO  
Address: 11731 RED HIBISCUS DR.  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGR ( ) Delete  
Name: GONZALEZ, NOEMI  
Address: 11731 RED HIBISCUS DR.  
City-St-Zip: BONITA SPRINGS, FL 34135

## ADDITIONS/CHANGES:

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: HERIBERTO GONZALEZ

MGR

01/19/2009

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