File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 JUN - 7 AM 9: 11 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETATION OF STATE
TALLAMASSEE, FLORIDA DOCUMENT # 1.98000000123 VENTURES GLOBAL, LLC 1a. Principal Place of Business Address 716 COLLEGE AVE., STE A-Z 725 S.E. 9TH COURT SANTA ROSA CA 95404 HIALEAH FL 33010 3. Date Organized or Qualified 2 Principal Place of Business 2a. Mailing Address 3a. State of Formation 01/30/1998 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 91-1874624 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Žiρ \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office WOLFE, LARRY 200-A JOHN KNOX ROAD Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303 Suite, Apt. #, etc. 8000002902928----06/14/99--01008--023 9. Pursuant to the provisions of Sections 608 416 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the purrose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appendment) (NOTE: Registered Agent signature to pined when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 17107 N.W. MINMI CT NORTH MINMI IEL MGRM VANVEENENDAAL, GERANOU 725 ST 954 CT HIALDAH-FL MGRM GUNNERSEN, UWE 3153 LIPPIZANER WAY WALNUT CREEK CA MGRM HOWARD, TOM 716 COLLEGE AVE., STE A-Z SANTA ROSA CA JUN - 9 1999 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. Hurther certify that the information indicated on this annual 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 Imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Eilock 10, or on an attachment with an address.

SIGNATURE AND TYPED OUTER NEED DAME OF SIGNED MANAGING MEMBER OF MANAGER

INHSE10 R (12-98)

SIGNATURE:<