

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # L98000001290

1. Entity Name
295 VENTURE L.L.C.



Principal Place of Business

4315 PABLO OAKS CT.
SUITE 1
JACKSONVILLE, FL 32224-9667

Mailing Address

4315 PABLO OAKS CT.
SUITE 1
JACKSONVILLE, FL 32224-9667



04012008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3525224

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOKES, JR E. CHESTER
4315 PABLO OAKS CT. SUITE 1
JACKSONVILLE, FL 32224

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

000000890358

04/22/08-04012008-025 138.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES
STOKES, E. CHESTER JR.
4315 PABLO OAKS CT., SUITE 1
JACKSONVILLE, FL 322249667

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
BERGMANN, THOMAS C
4315 PABLO OAKS CT., SUITE 1
JACKSONVILLE, FL 322249667

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
KUNKEL, JOHN C
4315 PABLO OAKS COURT
JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPSE
HOLM, MALLORY G
4315 PABLO OAKS COURT
JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPTR
FREDENHAGEN, SHARON W
4315 PABLO OAKS COURT
JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Mallory G. Holm 4/10/08

9044821100