



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90028 012 ****50.00

DOCUMENT # L99000000296					
1. Entity Name REVENUE GLOBAL VENTURES, L.L.C.					
Principal Place of Business 800 SOUTH OSPREY AVENUE SARASOTA, FL 34236			Mailing Address 800 SOUTH OSPREY AVENUE SARASOTA, FL 34236		
2. Principal Place of Business 464 Golden Gate Point Suite, Apt. #, etc. <u>Apt. 601</u> City & State <u>Sarasota, FL</u> Zip <u>34236</u> Country <u>USA</u>		3. Mailing Address 464 Golden Gate Point Suite, Apt. #, etc. <u>Apt. 601</u> City & State <u>Sarasota, FL</u> Zip <u>34236</u> Country <u>USA</u>			
4. FEI Number 03042006 Chg-LLC CR2E083 (11/05) 65-0894957				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent LONSDALE, ROBERT D 800 SOUTH OSPREY AVENUE SARASOTA, FL 34236	
7. Name and Address of New Registered Agent Name <u>Norman Shea</u> Street Address (P.O. Box Number is Not Acceptable) <u>76 Suplex + Shea PA</u> <u>800 South Osprey Avenue</u> City <u>Sarasota</u> <u>FL</u> Zip Code <u>34236-7834</u>				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>Norman J. Shea</u> DATE <u>3-11-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONSDALE, KRISTY K 800 SOUTH OSPREY AVENUE SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lonsdale, Kristy K. 464 Golden Gate Point Apt. 601 Sarasota FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONSDALE, ROBERT D 800 SOUTH OSPREY AVENUE SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONSDALE Robert D 464 Golden Gate Point Apt. 601 Sarasota, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONSDALE, KRISTY K 800 SOUTH OSPREY AVENUE SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONSDALE, KRISTY K 800 SOUTH OSPREY AVENUE SARASOTA, FL 34236	<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>Robert D. Lonsdale</u> <u>3/3/06</u> <u>941-923-6501</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					