

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001330

FILED  
Sep 15, 2005  
Secretary of State

**Entity Name:** COGNITIVE VENTURES GROUP, LLC

**Current Principal Place of Business:**

4949 SR 64 E, #104  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

4949 SR 64 E, #104  
BRADENTON, FL 34208

**New Mailing Address:**

FEI Number: 65-0967631      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CABANILLAS & ASSOCIATES  
1109 9TH AVENUE WEST  
BRADENTON, FL 34205      US

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: COLLINS, CURTIS  
Address: 4949 SR 64 E. #104  
City-St-Zip: BRADENTON, FL 34208

Title: MGRM      ( ) Delete  
Name: SHEDD, JOHN  
Address: 4949 SR 64 E. #104  
City-St-Zip: BRADENTON, FL 34208

**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 for the exemption stated in Section 119.07(3)(i), 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: CURTIS COLLINS

MGRM

09/15/2005

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