

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # M02000001441

1. Entity Name  
AZZ-VENTURES LLC



FILED  
Apr 15, 2008 8:00 am  
Secretary of State

04-15-2008 90115 013 \*\*\*138.75

Principal Place of Business  
21 SO. CLYDE AVE.  
STE. # 7  
KISSIMMEE, FL 34741

Mailing Address



Edward P. Azzopardi  
14683 Braddock Oak Dr.  
Orlando, FL 32837-4952

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03252008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
27-0011604

Applied For

Not Applicable

5. Certificate of Status Desired  \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AZZOPARDI, EDWARD  
14683 BRADDOCK OAK DR.  
ORLANDO, FL 32837

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

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

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AZZOPARDI, EDWARD P GM 14683 BRADDOCK OAK DR. ORLANDO, FL 32837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AZZOPARDI, EDITH MKT 14683 BRADDOCK OAK DR. ORLANDO, FL 32837	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

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

3/25/08

Date

Daytime Phone #