

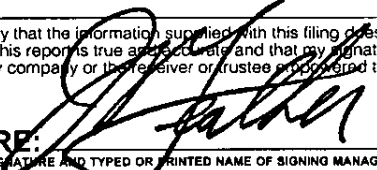


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90431 033 \*\*\*\*50.00

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # M05000007111</b>  |  |   |  |    |  |
| <b>1. Entity Name</b><br>FEATHER VENTURES, LLC  |  |   |  |   |  |
| <b>Principal Place of Business</b><br>1 BETHLEHEM PLAZA<br>BETHLEHEM, PA 18018  |  |   | <b>Mailing Address</b><br>1 BETHLEHEM PLAZA<br>BETHLEHEM, PA 18018         |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>1894 N. Whiteacre Dr.<br>Suite, Apt. #, etc.   |  | <b>3. Mailing Address</b><br>1894 N. Whiteacre Dr.<br>Suite, Apt. #, etc. |  |   |  |
| <b>City &amp; State</b><br>Bethlehem, PA  |  | <b>City &amp; State</b><br>Bethlehem, PA                                  |  | <b>4. FEI Number</b><br>23-3049763  |  |
| <b>Zip</b><br>18015   |  | <b>Country</b><br>USA   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>TURFFS, ROBERT E ESQ.<br>1444 FIRST STREET, SUITE B<br>SARASOTA, FL 34236   |  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code             |  |
| <b>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.</b>  |  |   |  |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |   |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>   |  |   | <b>Make check payable to<br/>Florida Department of State</b>               |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |   | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | MGRM<br>FEATHER, JEFFREY<br>1 BETHLEHEM PLAZA<br>BETHLEHEM, PA 18418 <input type="checkbox"/> Delete |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | MGRM<br>Feather, Jeffrey<br>1894 N. Whiteacre Drive<br>Bethlehem, PA 18015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <input type="checkbox"/> Delete  |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| <b>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.</b> |  |   |  |   |  |
| <b>SIGNATURE:</b>    |  |   | Jeffrey Feather 3/23/07 (610)867-2093                                      |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |   | <small>Date Daytime Phone #</small>  |   |  |