

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001852

FILED
Jul 09, 2008
Secretary of State

Entity Name: MSP VENTURES, LLC

Current Principal Place of Business:

5660 STRAND COURT
NAPLES, FL 34110

New Principal Place of Business:

9351 CORKSCREW ROAD
ESTERO, FL 33928

Current Mailing Address:

5660 STRAND COURT
NAPLES, FL 34110

New Mailing Address:

9351 CORKSCREW ROAD
ESTERO, FL 33928

FEI Number: 20-8690726 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:

MEINERS, LOUIS M JR.
3073 HORSESHOE DRIVE SOUTH, SUITE 210
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: SLAVICH, WILLIAM
Address: 5660 STRAND COURT
City-St-Zip: NAPLES, FL 34110

Title: MGRM () Delete
Name: MELSON, RICHARD
Address: 5660 STRAND COURT
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SLAVICH, WILLIAM
Address: 9351 CORKSCREW RD
City-St-Zip: ESTERO, FL 33928

Title: MGRM (X) Change () Addition
Name: MELSON, RICHARD
Address: 9351 CORKSCREW RD
City-St-Zip: ESTERO, FL 33928

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WILLIAM SLAVICH

MGR

07/09/2008

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