

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000811

**FILED**  
**Apr 10, 2009**  
**Secretary of State**

**Entity Name:** PHASE TWO VENTURES, LLC

**Current Principal Place of Business:**

11440 COMPASS POINT DRIVE  
FORT MYERS, FL 33908

**New Principal Place of Business:**

12901 MCGREGOR BLVD.  
SUITE 1B  
FORT MYERS, FL 33919

**Current Mailing Address:**

11440 COMPASS POINT DRIVE  
FORT MYERS, FL 33908

**New Mailing Address:**

12901 MCGREGOR BLVD.  
SUITE 1B  
FORT MYERS, FL 33919

**FEI Number:** 20-2633663

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JAMES LARRY NICHOLS, ESQ.  
8191 COLLEGE PARKWAY, #204  
FORT MYERS, FL 33919 US

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

OLDRE, ELDON OWNER  
11440 COMPASS POINT DRIVE  
FORT MYERS, FL 33908 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: ELDON OLDRE

04/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OLDRE, ELDON  
Address: 11440 COMPASS POINT DRIVE  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELDON OLDRE

OWNE

04/10/2009

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