

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007565

**DOCUMENT # L01000001364**  
 1. Entity Name  
**VENICE TRUST, L.L.C.**

**FILED**

**02 MAY 10 AM 8:55**

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business      Mailing Address  
**3225 AVIATION AVE., SUITE 700**      **3225 AVIATION AVE., SUITE 700**  
**C/O CLINTON COMMUNITIES, LLC**      **C/O CLINTON COMMUNITIES, LLC**  
**COCCONUT FL 33133**      **COCCONUT FL 33133**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE  
 4. FEI Number      Applied For  
**65-1071403**      Not Applicable  
 5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CLINTON COMMUNITIES, L.L.C.**  
**3225 AVIATION AVE., SUITE 700**  
**COCCONUT FL 33133**

7. Name and Address of New Registered Agent  
 Name **c/o Housing Trust Group**  
 Street Address (P.O. Box Number is Not Acceptable) **3225 AVIATION Ave SUITE 700**  
 City **COCONUT GROVE**      FL      Zip Code **33433**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-T Stewart Marcus 3225 Aviation Ave, Ste. 700 Coconut Grove, Fl 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-S Randy Riecer 3225 Aviation Ave, Ste. 700 Coconut Grove, Fl 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Richard Goldberg 3225 Aviation Ave, Ste. 700 Coconut Grove, FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Shawn Wilson 120 S. Dixie Highway, Ste. 204 West Palm Beach, Fl 33401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: **Stewart Marcus**      (305) 860-8188  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)