


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000022158 1. Entity Name VENEVISION INTERNATIONAL LLC	
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Principal Place of Business 550 BILTMORE WAY SUITE 1180 CORAL GABLES, FL 33134	Mailing Address 550 BILTMORE WAY SUITE 1180 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



03092006 No Chg-LLC	CRZE083 (11/05)
4. FEI Number 42-1529048	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BURTON-JENSEN, JOAN
 C/O FINSER CORPORATION
 550 BILTMORE WAY, SUITE 900
 CORAL GABLES, FL 33134

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

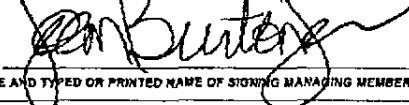
Filing Fee is \$50.00
Due by May 1, 2006

1100000477760
 04/07/06-80001-004 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VILLAUNUEVA, LUIS 550 BILTMORE WAY SUITE 1180 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RIVERA, ALEJANDRO 550 BILTMORE WAY SUITE 1180 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEON III, WILLIAM T 550 BILTMORE WAY SUITE 1180 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HERNANDEZ, EDUARDO L. 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENSEN, JOAN B 550 BILTMORE WAY SUITE 1180 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PEREZ, MANUEL 550 BILTMORE WAY SUITE 1180 CORAL GABLES, FL 33134

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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:  **Joan Burton Jensen** **Secretary** **March 17, 2006** **305-442-3452**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #