


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000040591**  
1. Entity Name  
**2320 VENTURES LLC**



Principal Place of Business      Mailing Address  
**590 GOOLSBY BOULEVARD**      **590 GOOLSBY BOULEVARD**  
**DEERFIELD BEACH, FL 33442**      **DEERFIELD BEACH, FL 33442**



03232006 No Chg-LLC      CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**20-0483998**      Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BAGDASARIAN, RICHARD C ESQ.**  
**1800 CORPORATE BOULEVARD, N.W.**  
**SUITE 302**  
**BOCA RATON, FL 33431**

**DO NOT WRITE IN THIS SPACE**

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANSONE, DAVID 590 GOOLSBY BOULEVARD DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SASONE, NICHOLAS 590 GOLLSEY BLVD. DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANSONE, SCOTT 590 GOOLSBY BLVD. DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANSONE, BONNIE 590 GOOLSBY BLVD. DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANSONE, MARY JO 590 GOOLSBY BLVD. DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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04/11/06 80074-020 50.00

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:** *Bonnie Sansone* **BONNIE SANSONE**      **3/23/06**      **954 428-8919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #