


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90234 036 ***138.75

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DOCUMENT # L03000040591					
1. Entity Name 2320 VENTURES LLC					
Principal Place of Business 590 GOOLSBY BOULEVARD DEERFIELD BEACH, FL 33442		Mailing Address 590 GOOLSBY BOULEVARD DEERFIELD BEACH, FL 33442			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03212008 Chg-LLC CR2E083 (12/06)	
Zip		Zip		4. FEI Number 20-0483998	
Country		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAGDASARIAN, RICHARD C ESQ. 1800 CORPORATE BOULEVARD, N.W. SUITE 302 BOCA RATON, FL 33431			Name <u>David R. Sansone</u> Street Address (P.O. Box Number is Not Acceptable) <u>590 Goolsby Blvd</u> <u>Deerfield Beach</u> City <u>FL</u> Zip Code <u>33442</u>		
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 <u>[Signature]</u>			DATE <u>3/20/2008</u>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANSONE, DAVID	NAME			
STREET ADDRESS	590 GOOLSBY BOULEVARD	STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SASONE, NICHOLAS	NAME			
STREET ADDRESS	590 GOOLSBY BLVD.	STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANSONE, SCOTT	NAME			
STREET ADDRESS	590 GOOLSBY BLVD.	STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANSONE, BONNIE	NAME			
STREET ADDRESS	590 GOOLSBY BLVD.	STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANSONE, MARY JO	NAME			
STREET ADDRESS	590 GOOLSBY BLVD.	STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>[Signature]</u>			DATE <u>3/20/2008</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		