


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000021781

1. Entity Name
VENEVISION PRODUCTIONS LLC



Principal Place of Business 550 BILTMORE WAY, STE. 900 CORAL GABLES, FL 33134	Mailing Address 550 BILTMORE WAY, STE. 900 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE

03092006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 74-3121307	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
 550 BILTMORE WAY, STE. 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 fee if applicable (NOTE: Registered Agent signature required when reinstating)

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


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 04/07/06-R0001-001 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ARISMENDI, ANA TERESA 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD BANDEL, STEVEN I. 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TINOCO, PEDRO R. 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JENSEN, JOAN BURTON 550 BILTMORE WAY, SUITE 900 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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