

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034459

FILED
May 08, 2006
Secretary of State

Entity Name: ONE ISLE OF VENICE LLC

Current Principal Place of Business:

P.O. BOX 802424
AVENTURA, FL 33280

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 802424
AVENTURA, FL 33280

New Mailing Address:

FEI Number: 20-1268352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BOOTH, MARK
1401 E. BROWARD BLVD.
SUITE 300
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SORDJAN, PETER
Address: P.O. BOX 802424
City-St-Zip: AVENTURA, FL 33280 US

Title: MGRM () Delete
Name: ALBU, STEVEN
Address: 437 TAMARIND DRIVE
City-St-Zip: HALLANDALE, FL 33009 US

Title: MGRM () Delete
Name: GNESIN, YURY
Address: 484 HOLIDAY DRIVE
City-St-Zip: HALLANDALE, FL 33009 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PETER SORDJAN

MGRM

05/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date