

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084490

FILED
Apr 19, 2005
Secretary of State

Entity Name: VOLUSIA REAL ESTATE VENTURES, LLC

Current Principal Place of Business:

500 MEMORIAL CIR. STE. E-2
ORMOND BEACH, FL 32174

New Principal Place of Business:

500 MEMORIAL CIR. STE. E-2
ORMOND BEACH, FL 32174 US

Current Mailing Address:

500 MEMORIAL CIR. STE. E-2
ORMOND BEACH, FL 32174

New Mailing Address:

483 SOUTH NOVA RD
ORMOND BEACH, FL 32174 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WHITE, BEVERLY
575 N. NOVA ROAD
ORMOND BEACH, FL 32174 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: ZOSHAK, JOHN J DO
Address: 483 SOUTH NOVA RD
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR () Change (X) Addition
Name: LEB, ROBERT B MD
Address: 483 SOUTH NOVA RD
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR () Change (X) Addition
Name: RAMCHANDER, NEVILLE MD
Address: 483 SOUTH NOVA RD
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR () Change (X) Addition
Name: MONSOUR, FREDERICK J MD
Address: 483 SOUTH NOVA RD
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR () Change (X) Addition
Name: CARBONELL, OSCAR F MD
Address: 483 SOUTH NOVA RD
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: MGR () Change (X) Addition
Name: WEAVER, JAMES W MD
Address: 483 SOUTH NOVA RD
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN J ZOSHAK

MGR

04/19/2005

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