2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90003 003 ***138.75

DOCUMENT # L04000084490

1. Entity Name
VOLUSIA REAL ESTATE VENTURES, LLC

Principal Place of Business	Mailing Address
500 MEMORIAL CIR. STE. E-2 SUITE B ORMOND BEACH, FL 32174 US	500 MEMORIAL CIRCLE SUITE B ORMOND BEACH, FL 32174 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1680 DUNLAWTON AVE	1680 DUNLAWTON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PORT ORANGE, FL	City & State: PORT ORANGE, FL
Zip: 32127 Country: USA	Zip: 32127 Country: USA

600355490

03202008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-2294537 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEB, ROBERT B 500 MEMORIAL CIRCLE SUITE B ORMOND BEACH, FL 32174	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	DANA, FRANKLIN MD	NAME	
STREET ADDRESS	500 MEMORIAL CIRCLE - SUITE B	STREET ADDRESS	168 DUNLAWTON AVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	MGR ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	LEB, ROBERT B MD	NAME	
STREET ADDRESS	500 MEMORIAL CIRCLE - SUITE B	STREET ADDRESS	1680 DUNLAWTON AVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	MGR ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	RAMCHANDER, NEVILLE MD	NAME	
STREET ADDRESS	500 MEMORIAL CIRCLE - SUITE B	STREET ADDRESS	1680 DUNLAWTON AVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	MGR ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MONSOUR, FREDERICK J MD	NAME	
STREET ADDRESS	500 MEMORIAL CIRCLE - SUITE B	STREET ADDRESS	1680 DUNLAWTON AVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	MGR ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CARBONELL, OSCAR F MD	NAME	
STREET ADDRESS	483 SOUTH NOVA RD	STREET ADDRESS	1680 DUNLAWTON AVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	MGR ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	WEAVER, JAMES W MD	NAME	
STREET ADDRESS	500 MEMORIAL CIRCLE - SUITE B	STREET ADDRESS	1680 DUNLAWTON AVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP	PORT ORANGE, FL 32127

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: F Monsour 4/15/08 386-304-1212

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