


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 08:00 AM
Secretary of State


DOCUMENT # L05000053374

1. Entity Name
US GULF VENTURES LLC



Principal Place of Business 501 BRICKELL KEY DRIVE SUITE 506 MIAMI, FL 33131	Mailing Address 501 BRICKELL KEY DRIVE SUITE 506 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



04162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	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

**SCHLESINGER, MICHAEL J ESQ.
 501 BRICKELL KEY DRIVE
 SUITE 506
 MIAMI, FL 33131**

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

U00000719459
 05/01/07-80064-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SCHLESINGER, MICHAEL J ESQ. 501 BRICKELL KEY DRIVE MIAMI, FL 33131
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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:  **MICHAEL J. SCHLESINGER** 4/10/2007 (305) 873 8993

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

Michael J. Schlesinger