

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100296

FILED  
Jun 21, 2007  
Secretary of State

**Entity Name:** THE VENTURE GROUP AT PORT SALERNO, LLC

**Current Principal Place of Business:**

4805 SE CAPSTAN AVE.  
PORT SALERNO, FL 34992 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 589  
PORT SALERNO, FL 34992 US

**New Mailing Address:**

**FEI Number:**  **FEI Number Applied For (X)**  **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:**

BYRD, BARRY B  
4600 MILITARY TRAIL  
SUITE 212  
JUPITER, FL 33458 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: MGR ( ) Delete  
Name: VENTURE MANAGEMENT I, NVESTMENTS, LL C  
Address: P.O. BOX 728  
City-St-Zip: JUPITER, FL 33468 US

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: HMCCLINTOCK

DIR

06/21/2007

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