2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 16, 2008 8:00 am Secretary of State

01-16-2008 90053 032 ***138.75

| DOCUMENT # L07000093073 | |
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| Entity Name & G ENTERPRISES OF VENICE, LLC | |
| | |

| S & G EN | ITERPRI | SES OF VENICE, L | LC | | | | | | | |
|---|-----------------------------|---|---|--|---|----------------------|--------------------------------|------------------------|---|-------------------------------------|
| Principal Place of Business Mailing Address 321 NOKOMIS AVENUE S. 321 NOKOMIS AVENU VENICE, FL 34285 VENICE, FL 34285 | | ES. | | | 60001799 | | IN 22 84 1 200 1 | (44 til 1881 | | |
| 2. Principal P | lace of Busin | ness - No P.O. Box # | 3. Mailing Address | | | - | | | | |
| Suite, Apt. #, etc. Suite, Apt. # | | Suite, Apt. #, etc. | | | 01042008 | Chg-LLC | CR2E0 | 83 (12/06) | | |
| City & Stat | 0 | | City & State | | | 4. FEI Number 26-1 | 33999 | | _ | plied For t Applicab |
| Zip | | Country | Zip | Coun | ıtry | | of Status Desired | | \$5.00 Add Fee Require | |
| | 6. Name | and Address of Current I | Registered Agent | | | 7. Name and | Address of New R | Registered A | gent | |
| CORBRID | | | | | Name Street Address | (P.O. Box Numb | er is Not Acceptable | | | |
| 240 NOKO SUITE 200 VENICE, F |) | NUE 5. | | | Oliver Address | TO DOX HAIRE | or is not Acceptable | | | |
| VENIOE , 1 | L 0-200 | | | | City | | | FL | Zip Cod | |
| 8. The above the obligat | named entity | y submits this statement for tered agent. | the purpose of changing its | register | t ed office or registe | ered agent, or bo | th, in the State of Flo | orida. Iam t | amiliar with, | and accep |
| SIGNATURE | Signature, typed | or printed name of registered agent a | and title if applicable. (NOTI | E: Registere | d Agent signature requir | ed when reinstating) | | DATE | | ·· |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | | | | | | | |
| | | | | | | | | e check p a Departm | ayable to ent of State | • |
| | | | | 10. | | | Florida | a Departm | ent of State | • |
| After May | | Fee will be \$538.75 | RS/MANAGERS | | <u> </u> | | | a Departm | ent of State | |
| After May | MGRM | Fee will be \$538.75 | | 10. TITLE | | | Florida | a Departm | ent of State | Additio |
| 9. | MGRM GRASER | Fee will be \$538.75 MANAGING MEMBE | RS/MANAGERS | TITLE | | | Florida | a Departm | ent of State | |
| 9. | MGRM GRASER, 321 NOKO | Fee will be \$538.75 MANAGING MEMBEL , SHAUN D | RS/MANAGERS | TITLE NAM STRE | E | | Florida | a Departm | ent of State | |
| 9. ITTLE NAME STREET ADDRESS | MGRM GRASER, 321 NOKO | Fee will be \$538.75 MANAGING MEMBEI , SHAUN D OMIS AVENUE S. | RS/MANAGERS | TITLE NAM STRE | E ET ADDRESS -ST-ZIP | | Florida | a Departm | ent of State | |
| 9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GRASER, 321 NOKO | Fee will be \$538.75 MANAGING MEMBEI , SHAUN D OMIS AVENUE S. | RS/MANAGERS Delete | NAM STRE CITY | E SET ADDRESS -ST-ZIP | | Florida | a Departm | Change | ☐ Additio |
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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 Ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.