

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065747

FILED  
May 01, 2006  
Secretary of State

Entity Name: THE VENTURE E 628, LLC

**Current Principal Place of Business:**

5600 COLLINS AV  
17 L  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

5600 COLLINS AV  
17 L  
MIAMI BEACH, FL 33140

**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:**

**Name and Address of New Registered Agent:**

RIEBER, BERNARDO MR  
5600 COLLINS AV  
17 L  
MIAMI BEACH, FL 33140 US

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:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: RIEBER, BERNARDO MR  
Address: 5600 COLLINS AV 17 L  
City-St-Zip: MIAMI BEACH, FL 33140 US

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

Title: MGRM ( ) Delete  
Name: CAMERO, MARIA C MRS  
Address: 888 E THOUSAND OAKS BLVD  
City-St-Zip: THOUSAND OAKS, CA 91362 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BERNARDO RIEBER

MGRM

05/01/2006

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