

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90282 011 ****50.00

DOCUMENT # L05000029447 1. Entity Name SCHENLEY VENTURES, LLC	
--	---

Principal Place of Business 1904 S. OCEAN DRIVE, APART. #505 SOUTH HALLANDALE BEACH, FL 33009	Mailing Address 1904 S. OCEAN DRIVE, APART. #505 SOUTH HALLANDALE BEACH, FL 33009
---	---

20005640



01232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

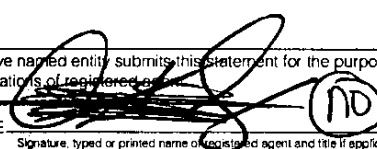
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required *
---	--

6. Name and Address of Current Registered Agent

LOPEZ, PETER D
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130

**DO NOT WRITE
IN THIS SPACE**

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:  (NO)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. CORDOVEZ, CHRISTOPHER M 1904 SOUTH OCEAN DRIVE #505 SOUTH HALLANDALE, FL 33009
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

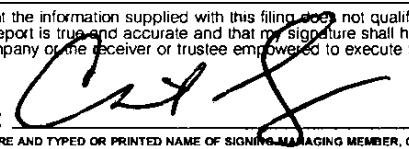
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE
IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #