2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
01-25-2007 90086 034 ***150.00

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1. Entity Name
A-VENTURE CAPITAL ESTATES, LLC

Principal Place of Business	Mailing Address
205 WORTH AVENUE, SUITE 317 PALM BEACH, FL 33480	205 WORTH AVENUE, SUITE 317 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

01192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3099798
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

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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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LOPEZ, JEAN MARC
STREET ADDRESS	205 WORTH AVENUE, SUITE 317
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	MGR
NAME	RICHARD, DANTON
STREET ADDRESS	205 WORTH AVENUE, SUITE 317
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: MGR Apr 1. 07 7863236626
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #