

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 JUL 12 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000059359

1. Entity Name
VEN2005, L.L.C.



Principal Place of Business
2655 LEJEUNE ROAD, #507
CORAL GABLES, FL 33134

Mailing Address
2655 LEJEUNE ROAD, #507
CORAL GABLES, FL 33134

BK



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07032007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

84-1685159

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132

Name

Juan Vicente Urdaneta

Street Address (P.O. Box Number is Not Acceptable)

2655 Lejeune Road # 507

City

Coral Gables, FL

FL

Zip Code

33134

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

[Signature]

7-4-07

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 September 14, 2007

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME CASCARANO INDOORATO, GIUSEPPE ☐ Delete
STREET ADDRESS 2655 LEJEUNE ROAD, #507
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
NAME 500106503855
STREET ADDRESS 07/20/07--01036--017 **50.00
CITY-ST-ZIP

TITLE MGR
NAME CASCARANO DI TURI, FRANCISCO ☐ Delete
STREET ADDRESS 2655 LEJEUNE ROAD, #507
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME MOLINARI VALDISERRO, STEFANO A ☐ Delete
STREET ADDRESS 2655 LEJEUNE ROAD, #507
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME ROSSETTI DIPIETRO, VICENTE A ☐ Delete
STREET ADDRESS 2655 LEJEUNE ROAD, #507
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME VARGAS AGUIRRE, JUAN C ☐ Delete
STREET ADDRESS 2655 LEJEUNE ROAD, #507
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME ROSSETTI DIPIETRO, VINCENZO ☐ Delete
STREET ADDRESS 2655 LEJEUNE ROAD, #507
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-4-07

Date

305 728-1319

Daytime Phone #