

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084490

Entity Name: VOLUSIA REAL ESTATE VENTURES, LLC**Current Principal Place of Business:**500 MEMORIAL CIRCLE
SUITES D, E1 AND E2
ORMOND BEACH, FL 32174**Current Mailing Address:**6 FERNWOOD TRAIL
ORMOND BEACH, FL 32174 US**FEI Number:** 20-2294537**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONSOUR, FREDERICK J
6 FERNWOOD TRAIL
ORMOND BEACH, FL 32174 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

Authorized Person(s) Detail :

Title	MGRM
Name	MONSOUR, FREDERICK JMD
Address	6 FERNWOOD TRAIL
City-State-Zip:	ORMOND BEACH FL 32174

Title	MGR
Name	LEB, ROBERT BMD
Address	26 EMERALD CIRCLE
City-State-Zip:	ORMOND BEACH FL 32174

Title	MGR
Name	RAMCHANDER, NEVILLE MD
Address	806 RIVERSIDE DRIVE
City-State-Zip:	ORMOND BEACH FL 32176

Title	MGR
Name	DANA, FRANKLIN MD
Address	3685 JOHN ANDERSON DRIVE
City-State-Zip:	ORMOND BEACH FL 32176

Title	MGR
Name	CARBONELL, OSCAR FMD
Address	12 BROADRIVER RD.
City-State-Zip:	ORMOND BEACH FL 32127

Title	MGR
Name	WEAVER, JAMES WMD
Address	3548 JOHN ANDERSON DRIVE
City-State-Zip:	ORMOND BEACH FL 32176

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FREDERICK J MONSOUR**MANAGING PARTNER****03/28/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date