


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90105 005 ****61.25

DOCUMENT # 704793 1. Entity Name VENICE BEACH APARTMENTS TWO, INC.					
Principal Place of Business CPMI 810 B PINEBROOK ROAD VENICE, FL 34292 US			Mailing Address C/O ANTARES GROUP, INC 4195 S. TAMiami TRAIL, PMB #173 VENICE, FL 34293 US		
2. Principal Place of Business - No P.O. Box # 100 THE ESPLANADE Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State VENICE, FL			City & State		
Zip 34285		Country USA		4. FEI Number 59-1006538	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ANTARES GROUP, INC 4195 S. TAMiami TRAIL, PMB #173 VENICE, FL 34293			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Cynthia C. Krumenaker</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		SIGNATURE <i>Cynthia C. Krumenaker</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE 03.06.07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRELL, JOHN 100 THE ESPLANADE #103 VENICE, FL 34285	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D ROBINSON, STEVE 100 THE ESPLANADE #102 VENICE, FL 34285	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HACAV, JO ANN 100 THE ESPLANADE #303 VENICE, FL 34285	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FAIRCHILD, JEAN 100 THE ESPLANADES #202 VENICE, FL 34285	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D FAIRCHILD, JEAN 100 THE ESPLANADE #202 VENICE FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BYE, BARRY 100 THE ESPLANADE, #107 VENICE, FL 34285	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BYE, BARRY 100 THE ESPLANADE #107 VENICE, FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KRUMENAKER, CYNTHIA 4195 S. TAMiami TRAIL, PMB #173 VENICE, FL 34293	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Barry V. Bye</i> Barry Bye		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 03.06.07 941-484-7900 <small>Date Daytime Phone #</small>	