2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 10, 2008 8:00 am Secretary of State

DOCUMENT # 704793 1. Entity Name VENICE BEACH APARTMENTS TWO, INC.					03-10-2008 90078 014 ****61.25				
Principal Place of Business 100 TH EESPLANADE VENICE, FL 34285 US		Mailing Address C/O ANTARES GROUP, INC 4195 S. TAMIAMI TRAIL, PMB #173 VENICE, FL 34293 US			 		I IIII 87811 86811 86	<u> </u>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03032008	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State		-	4. FEI Number 59-1006			r - - 	plied For at Applicable
Zìp	Country	Zip	Country		5. Certificate of	of Status Desire	d 🗆	\$8.75 Add	
-	6. Name and Address of Current I	Registered Agent			7. Name and	Address of Ne	w Registered	Agent	
ANTARES GROUP INC			Nam	е					•
ANTARES GROUP, INC 4195 S. TAMIAMI TRAIL, PMB #173 VENICE, FL 34293			Stree	Street Address (P.O. Box Number is Not Acceptable)					
			City			FL Zip Code			
	named entity submits this statement for ions of registered agent.					n, in the State o		familiar with,	and accept
	Signature, typed or printed name of registered agent a	nd title it applicable. (NUT	E: Registered Agent s	gnature require	when reinstating)	<u> </u>	DATE		
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Finds Fund Contribution Trust Fund Contribution							. '		
[_			lg 🗆	\$5.00 May Be Added to Fees	F	Make chec lorida Depa	k payable t rtment of S	
10.	_	Trust Fund (\$5.00 May Be Added to Fees ADDITIONS/CHA		lorida Depa	rtment of S	tate
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TITLE	OFFICERS AND DIF VPD ROBINSON, STEVE 100 THE ESPLANADE # 102	Trust Fund (11.	D Robbi 25 100	Added to Fees ADDITIONS/CHA BODY STR THE SOR	ANGES TO OFF	ICERS AND D	RECTORS IN	tate
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF VPD ROBINSON, STEVE 100 THE ESPLANADE # 102 VENICE, FL 34285 SD FAIRCHILD, JEAN 100 THE ESPLANADES #202 VENICE, FL 34285	Trust Fund (TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP	D Robin St 100 VE D VO T C RU C R	Added to Fees ADDITIONS/CHA LOSO A STR THE ESPON (CE, FL BL D LOSE TERR	NGES TO OFF EVE ADADE # 1285	ICERS AND D	IRECTORS IN Change	110 Addition
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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.

GNATURE:

Based

Base

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-484-UQOO Daytime Phone #