# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 21, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # L00000000919

1. Entity Name
THE VENICE COMPANY II, L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 101 WEST VENICE AVE., STE 25<br>VENICE, FL 34285 | 101 WEST VENICE AVE., STE 25<br>VENICE, FL 34285 |

03092005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-0996852
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARTLEY, MICHAEL T
101 WEST VENICE AVE., STE 25
VENICE, FL 34285

**DO NOT WRITE IN THIS SPACE**

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, 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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | VENCO MANAGEMENT, INC. |
| STREET ADDRESS | 101 WEST VENICE AVENUE, SUITE 25 |
| CITY-ST-ZIP | VENICE, FL 34285 |
| TITLE | |
| NAME | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000271497
03/21/05-80048-020 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** _____ 3-16-05 941-485-8220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #