2001 UNIFORM BUSINESS REPORT (UBR)

| DOCU 1. Entity Nam | | 0008309 | | (00) | | | | | | |
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| VENETIAN PLAZA DEVELOPMENT, LLC | | | | | | FILED | | | | |
| Principal Place of Business 1847 TRADE CENTER WAY NAPLES FL 34109 | | Mailing Address 1847 TRADE CENTER WAY NAPLES FL 34109 | | | O1 JAN 19 PM 2: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | |
| 2. Principal P | Place of Business | 3. Mailing Address | | | | | [[]]]] | | 88448 CHI 1884 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State | | City & State | | 4. FEI N | umber -3660818 | | No | oplied For ot Applicable | | |
| Zip | Country 6. Name and Address of Current | Zip | Cour | ntry | <u> </u> | icate of Status Desired | 7 2 F | 55.00 Add ee Require | | |
| | 7. Name and Address of New Registered Agent Name | | | | | | | | | |
| ARMALAV 1847 TRA | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | |
| NAPLES FL 34109 | | | | _ | | | | | | |
| | | | | City | | | FL | Zip Code | 9 | |
| SIGNATURE | named entity submits this statement for Signature, typed or printed name of registered agent a | and title if applicable. (NOT | TE: Registere | d Agent signature required FEE IS \$50.00 to Department of | d when reinstatii | | DATE | | | |
| | | | | | | | | | | |
| 9. | MANAGING MEMBE | | 10. | | | ADDITION | S/CHANGES | C Observed | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT RICHARD L. ARMALAVAG 1847 TRADE CENTER WANNES, FL 34109 | | | | • | 70000: -01/2 | | □ Change •= := := : 11121 | Addition S | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Maine, 11 34107 | ☐ Delete | | | | *** | *\$5. 0 0 | 一种流流流 | 551.A@100 0 2 | |
| TITLE NAME STREET ADDRESS | and the second s | ☐ Delete | | EET ADDRESS | - . | , | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITU NAM STRE | 1 | | / | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITL: NAM STRE | E | 4 | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | | ☐ Change | Addition | |
| 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 min 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 visitee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNANG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone # | | | | | | | | | | |