

2007 UNIFORM BUSINESS REPORT (UBR)

0012286 AF

DOCUMENT # L00000010711
 1. Entity Name
VENTURES SOUTH CAROLINA, L.L.C.

FILED

01 APR 11 AM 8:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: 647 EAST DANIA BEACH BLVD. DANIA FL 33004
 Mailing Address: C/O RICHARD BREIT - BECKER & POLIAKOFF 3111 STIRLING RD. FT. LAUDERDALE FL 33312



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: 647 E. DANIA BEACH BLVD. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: DANIA BEACH FL 33004
 Zip: 33004

4. FEI Number: 52-2266250
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BREIT, RICHARD H
 3111 STIRLING RD.
 FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent
 Name: RICHARD H. BREIT
 Street Address (P.O. Box Number is Not Acceptable): 647 E. DANIA BEACH BLVD.
 City: DANIA BEACH FL Zip Code: 33004

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.
 SIGNATURE: [Signature] RICHARD H. BREIT DATE: 4/4/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004035539--9
 -04/20/01--01064--023
 *****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ADAM R. KIDAN 647 E. DANIA BEACH BLVD. DANIA BEACH, FL 33004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: ADAM R. KIDAN, MANAGING MEMBER DATE: 9-24-929-3880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (11/00)