LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 4/D TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED May 12, 2002 8:00 am Secretary of State

DOCUMENT # L00000 139 06 1. Entity Name					05-12-2002 90579 025 ****50.00	
VE	ENICE, FL REA	ALTY LLC	7			
2 Principal	DO NOT WRITE		PACE		957376	
<u>485</u>	185 MADISON AVE SAME					
Suite, Apr	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
NEW NEW	y & State City & State City & State				4. FEI Number 3 - 4144783 Applied For Not Applicable]
7:		Zip Country			5. Certificate of Status Desired \$5.00 Additional	┨
, ,	722 037				Fee Required 7. Name and Address of Current Registered Agent	-
	DO NOT MI	af I alaba	Name (_	LPORATION SERVICE COMPANY	7
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STICEE T			1
	IN THIS SP.	ACE			HAYS STICEET	1
			City 🕤	<u>Y-1 1</u>	AHASSEE FL Zip.Code 32301	1
8. The above	e named entity submits this statement for	the purpose of changing its i	egistered office or	registere	A HA SSEE FL Zip Code 32301	1
			•	5	3 · · · · · · · · · · · · · · · · · · ·	
SIGNATURE	Signature, typed or printed name of registered agent and	d little if applicable.			DATE	
		ECONOMICS CONTROL CONT	EE IS \$50.00			
		Make Check Pay	rable to Departs JE BY MAY 1	nent of	State	
9.	MANAGING MEMBER	S/MANAGERS				
TITLE NAME	PONAL O T DEM		TITLE			9
STREET ADDRESS	RONALD J. OF 485 MADISON		NAME STREET ADDRESS			1 (12)
CITY-ST-ZIP	NEW YORK H	4 10022	CHY-ST-ZP			CR2E083B (12/01)
TITLE NAME	PRESIDENT, ROTEM REALTY	NACO J. DEHL	DRE NAME			RZE
STREET ADDRESS	485 MADISON.	RUENUE	STREET ADDRESS			Ç
CITY-ST-ZIP	NEW YORK, H	4 10022	CITY+ST-ZP			
TITLE Name			TITLE NAVE			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		DO NOT WRITE	
TITLE		<u>, </u>	CITY-ST-XP TOLE			
NAME			NAME		IN THIS SPACE	
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CHTY-ST-ZIP			
TITLE		 	BILE			
NAME STREET ADDRESS			NAME			
CITY - ST - ZIP			STREET ADORESS CITY-ST-2P			
TITLE		······································	TOLE			
HAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CHY-ST-ZIP			
11. I hereby co	ertify that the information supplied with thi on this report is true and accurate and tha	s filing does not qualify for the my signature shall have the	ne exemption stated	in Section	on 119.07(3)(i), Florida Statutes. I further certify that the information de under oath; that I am a managing member or manager of the 608, Florida Statutes.	
iirnited liab	mity company or the receiver or trustee ex	npowered to execute this re	port as required by	Chapter	608, Florida Statutes.	