


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000013906	
1. Entity Name VENICE, FL REALTY LLC	

Principal Place of Business 485 MADISON AVE., 24TH FLOOR NEW YORK CITY, NY 10022	Mailing Address 485 MADISON AVE., 24TH FLOOR NEW YORK CITY, NY 10022
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4144783	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

**U00000054042
02/16/04-80155-018 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE P	NAME OEHL, RONALD
STREET ADDRESS TLM REALTY CORP. 485 MADISON AVE	
CITY- ST- ZIP NEW YORK CITY, NY 10022	
TITLE MGRM	NAME TLM REALTY CORP
STREET ADDRESS 485 MADISON AVE., 24TH FLOOR	
CITY- ST- ZIP NEW YORK CITY, NY 10022	
TITLE	NAME
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	NAME
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	NAME
STREET ADDRESS	
CITY- ST- ZIP	

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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:  **2/6/04** **212-753-4570**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #