

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91159 016 ****50.00

DOCUMENT # L01000001364

1. Entity Name

VENICE TRUST, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3225 Aviation Avenue

3. Mailing Address

3225 Aviation Avenue

Suite, Apt. #, etc.

Suite 700

Suite, Apt. #, etc.

Suite 700

City & State
Coconut Grove, FL

City & State
Coconut Grove, FL

4. FEI Number 65-1071403

Applied For

Not Applicable

Zip
33133

Country
USA

Zip
33133

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name CLINTON COMMUNITIES, L.L.C. c/o Housing Trust Grou

Street Address (P.O. Box Number is Not Acceptable)

3225 Aviation Avenue, 7th Floor

City Coconut Grove, FL

FL

Zip Code
33133

**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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Stewart Marcus
3225 Aviation Avenue, 7th Floor
Coconut Grove, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Randy Rieger
3225 Aviation Avenue, 7th Floor
Coconut Grove, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
W. Peter Temling
3225 Aviation Avenue, 7th Floor
Coconut Grove, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
Wayne O. Norris
3225 Aviation Avenue, 7th Floor
Coconut Grove, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

W. PETER TEMLING

4/30/03

Date

(305) 860-8188

Daytime Phone #

CR2E083B (12/02)