

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010412

Entity Name: VENICE VILLAGE SHOPPES, L.L.C.

FILED
Aug 12, 2005
Secretary of State

Current Principal Place of Business:

4147 SOUTH TAMIAMI TRAIL
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

108-18 QUEENS BLVD
#302
FOREST HILLS, NY 11375

New Mailing Address:

108-18 QUEENS BLVD
SUITE 302
FOREST HILLS, NY 11375

FEI Number: 65-1116151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RUDOFISKY, BARRY
4147 SOUTH TAMIAMI TRAIL
VENICE, FL 34293 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MIDLAND OWNERS, LLC,
Address: 108-18 QUEENS BLVD SUITE 302
City-St-Zip: FOREST HILLS, NY 11375

Title: MGRM () Delete
Name: BRONSTEIN PROPERTIES, , LLC
Address: 108-18 QUEENS BLVD SUITE 302
City-St-Zip: FOREST HILLS, NY 11375

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BARRY RUDOFISKY

MGR

08/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date