2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jan 08, 2008 08:00 A Secretary of State **DOCUMENT # L01000010629** 1. Entity Name VENTURE LW, L.L.C. Principal Place of Business Mailing Address 9400 S DADELAND BLVD 9400 S DADELAND BLVD **SUITE 100** SUITE 100 MIAMI, FL 33156 MIAMI, FL 33156 01042008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 65-1132576 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WOLFSON, LOUIS III DO NOT WRITE 9400 S DADELAND BLVD SUITE 100 IN THIS SPACE MIAMI, FL 33156 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) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE NAME WOLFSON, LOUIS III 9400 S DADELAND BLVD SUITE 100 U00000775524 STREET ADDRESS 01/08/08-80033-013 138.75 CITY-ST-ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

E OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE