

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016585

FILED  
Aug 23, 2008  
Secretary of State

Entity Name: VENTURE ASC, LLC

**Current Principal Place of Business:**

16853 NE 2ND AVE.  
SUITE 400  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

16853 NE 2ND AVE.  
SUITE 400  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 65-1140121      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:**

**Name and Address of New Registered Agent:**

ISKANDARANI, MARWAN M.D.  
16853 NE 2ND AVE  
NORTH MIAMI BEACH, FL 33162      US

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: ISKANDARANI, MARWAN  
Address: 16853 NE 2ND AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM ( ) Delete  
Name: CARP, MARC  
Address: 16853 NE 2ND AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM ( ) Delete  
Name: BLOOM, MIKE  
Address: 16853 NE 2ND AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM ( ) Delete  
Name: BASSAN, ISAAC  
Address: 16853 NE 2ND AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM ( ) Delete  
Name: GEDALLOVICH, MILTON  
Address: 16853 NE 2ND AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MGRM ( ) Delete  
Name: SOUAID, GORDON  
Address: 16853 NE 2ND AVE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES:**

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

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

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

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

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 exemption stated in Chapter 119, 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: MARWAN ISKANDARANI

MGRM

08/23/2008

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