## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L01000016620

1. Entity Name
VENTURE ONE, LLC



FILED Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

3857 WEST 16 AVENUE HIALEAH, FL 33012 Mailing Address

3857 WEST 16 AVENUE HIALEAH, FL 33012



02152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1185592 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAYON, MAURICE 3857 WEST 16 AVENUE HIALEAH, FL 33012

## DO NOT WRITE IN THIS SPACE

			IN THIS STACE	
8. The above the obligat	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstailing)	DATE	
FILE After May	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		,	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAYON, MAURICE 3857 WEST 16 AVENUE HIALEAH, FL 33012			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000861608 04/03/08-80016-006 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN <sup>-</sup>	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS			المنظم ا	

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 stociature 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 of trustee ampowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAG

G MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #