

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000009382

1. Entity Name
VENETIAN GARDEN APARTMENTS, L.L.C.



Principal Place of Business
804 NORTH BELCHER ROAD
SUITE 100
CLEARWATER, FL 33765

Mailing Address
804 NORTH BELCHER ROAD
SUITE 100
CLEARWATER, FL 33765

DO NOT WRITE IN THIS SPACE

FILED
Jan 29, 2005 08:00 AM
Secretary of State



01172005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
02-0585573

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TINGIRIDES, STAVROS
804 NORTH BELCHER ROAD
SUITE 100
CLEARWATER, FL 33765

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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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TINGIRIDES, STAVROS
804 NORTH BELCHER RD., SUITE 100
CLEARWATER, FL 33765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
AGETT, A. JAMES
6602 WINDING BROOK DR.
NEW PORT RICHEY, FL 34655

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000203922
01/29/05-80049-016 50.00

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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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/25/05 (727) 442 5700