2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200009382

1. Entity Name

VENETIAN GARDEN APARTMENTS, L.L.C.



FILED Mar 19, 2003 8:00 am Secretary of State 03-19-2003 90044 037 ****50.00

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|---|---|--|------------------------|--|---|--|--------------------------------------|----------------|---------------------------|--|---|
| Principal Plac | | - Mailing Address | - | | | | | | | | |
| 804 NORTH BELCHER ROAD | | | 804-NORTH BELCHER ROAD | | | and the second | ÷ | 4 | | | |
| SUITE 100 CLEARWATER FL 33765 | | CLEARWATER FL 33765 | | | | | Bili fili bilili ilbili ilbili i | | | | |
| 2. Principal P | Place of Business | 3. Mailing Address | 3. Mailing Address | | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | е | City & State | City & State | | | 4. FEI Number Applied For 0 2 - 0 5 8 5 5 7 3 Not Applicable | | | | |] |
| Zip | Country | Zip | Cour | ntry | | 5. Certifica | te of Status Desire | . 🗆 | \$5.00 Add Fee Require | | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name a | nd Address of Nev | v Registered | Agent | | |
| TING | GIRIDES, STAVROS | | Name | | | | | | | | |
| 804 | NORTH BELCHER ROAD TE 100 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | ARWATER FL 33765 | | | | | | | | 7:00 | | - |
| | | | | City | | | • | FI | L Zip Cod | е | |
| | named entity submits this state ions of registered agent. | ement for the purpose of changing i | ts register | ed office or | registere | ed agent, or b | ooth, in the State of | Florida, I an | ı familiar with, | and accept | |
| SIGNATURE . | Signature, typed or printed name of registe | ered agent and title if applicable. (NC | TE: Registere | ed Agent signatur | re required v | when reinstating) | | DATE | | | l |
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| 9. <u>.</u> . | MANAGING | MEMBERS/MANAGERS | 10. | | | | ADDITION | IS/CHANGE | S | | |
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| 11 Thereby o | ertify that the information suppl | lied with this filing does not qualify f | or the eye | motion state | ad in Sec | tion 119.07/3 | RVi), Florida Statute | s I further ce | ertify that the in | formation | i |

indicated in 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 required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 3/17/03