2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

ANNUAL REPORT Jul 25, 2005 08:00 AM DOCUMENT # L02000017872 **Secretary of State** 1. Entity Name B GURAN OF VENICE, LLC Mailing Address Principal Place of Business 400 COMMÉRCIAL COURT 400 COMMERCIAL COURT VENICE, FL 34292 VENICE, FL 34292 07112005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 16-1630013 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GURAN, BOHDAN DO NOT WRITE 400 COMMERCIAL COURT VENICE, FL 34292 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGR GURAN, BOHDAN NAME 400 COMMERCIAL COURT STREET ADDRESS VENICE, FL 34292 CITY-ST-ZIP TITLE NAME STREET ADDRESS UD0000374338 07/25/05-80005-009 50.00 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 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 cath; that I am a managing member or manager of the limited liability company or the receiver or frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Date

Daytime Phone #

FILED