


**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90035 008 \*\*\*\*50.00

**DOCUMENT # L02000017872**

1. Entity Name  
**B GURAN OF VENICE, LLC**



Principal Place of Business      Mailing Address  
**2605 DESOTO DRIVE**      **2605 DESOTO DRIVE**  
**SARASOTA FL 34234**      **SARASOTA FL 34234**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**4675 N. TAMiami TRAIL**

City & State      City & State  
**SARASOTA, FL**

Zip      Country      Zip      Country  
**34234**

4. FEI Number      Applied For  
**16-1630013**       Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GURAN, BOHDAN**  
**2605 DESOTO DRIVE**  
**SARASOTA FL 34234**

7. Name and Address of New Registered Agent

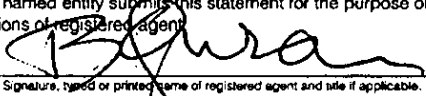
Name      **GURAN, BOHDAN**

Street Address (P.O. Box Number is Not Acceptable)

**4675 N. TAMiami TRAIL**

City      **SARASOTA, FL**      Zip Code      **34234**

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:       (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>GURAN, BOHDAN</b> <b>2605 DESOTO DRIVE</b> <b>SARASOTA FL 34234</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GURAN, BOHDAN</b> <b>4675 N. TAMiami TRAIL</b> <b>SARASOTA, FL 34234</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED**      Date: **1/22/03**      Daytime Phone #

CR2E083 (10/02)