

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90046 015 ****50.00

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

DOCUMENT # L02000024685

1. Entity Name
VENAVENTURA II, L.L.C.



Principal Place of Business
10557 N.W. 53RD STREET
SUNRISE, FL 33351 US

Mailing Address
10557 N.W. 53RD STREET
SUNRISE, FL 33351 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
16-1659098

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BOULEVARD
SUITE 501
AVENTURA, FL 33180

Name
Dade County Corporate Agents, Inc.

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

20801 Biscayne Boulevard, #505

City Aventura FL Zip Code 33180

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's signature required when reinstating)

5/14/03

DATE

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME HARITON, PAUL
STREET ADDRESS 10567 N.W. 53RD STREET
CITY-ST-ZIP SUNRISE, FL 33351

TITLE MGRM ☐ Change ☒ Addition
NAME Edelman, Leonard
STREET ADDRESS 10557 N.W. 53rd Street
CITY-ST-ZIP Sunrise, Florida 33351

TITLE MGRM ☐ Delete
NAME SCHEINHOLZ, ARTHUR
STREET ADDRESS 10557 N.W. 53RD STREET
CITY-ST-ZIP SUNRISE, FL 33351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME FELDMAN, ENRIQUE
STREET ADDRESS 10567 N.W. 53RD STREET
CITY-ST-ZIP SUNRISE, FL 33351

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/14/03

Date

(954) 614-0264

Daytime Phone #

CR2E083 (10/02)