### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

### **DOCUMENT # L02000026297**

1. Entity Name

**VENICE AVENUE, L.L.C.** 



FILED Feb 09, 2007 08:00 AM Secretary of State

Principal Place of Business

1901 S TAMIAMI TRAIL VENICE, FL 34293 Mailing Address

1901 S TAMIAMI TRAIL VENICE, FL 34293





01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 22-3876878

Applied For Not Applicable

5. Certificate of Status Desired

12

\$5.00 Additional

6. Name and Address of Current Registered Agent

CLOUTIER, JACQUES 1901 S TAMIAMI TRAIL VENICE, FL 34293

## DO NOT WRITE 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, 2007

9.	9. MANAGING MEMBERS/MANAGERS		
INTLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLOUTIER, JACQUES 1901 S TAMIAMI TRAIL VENICE, FL 34293		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
CITY-S1-ZIP	sertify that the information supplied with this filing does not qualify for the		

000000629366 02/16/07-80054-003 55.00

# DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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

2-6-07

Daytime Phone ∉