2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 20, 2008 8:00 am Secretary of State DOCUMENT # L02000026297 03-20-2008 90179 005 ***143.50 1. Entity Name VENICE AVENUE, L.L.C. Principal Place of Business Mailing Address 1901 S TAMIAMI TRAIL 1901 S TAMIAMI TRAIL 60015996 VENICE, FL 34293 VENICE, FL 34293 01032008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 22-3876878 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLOUTIER, JACQUES DO NOT WRITE 1901 S TAMIAMI TRAIL VENICE, FL 34293 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS **MGRM** TITLE CLOUTIER, JACQUES NAME 1901 S TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP VENICE, FL 34293 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 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:

STREET ADDRESS CITY-ST-ZIP

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

FILED