

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000001450
 1. Entity Name
 VENUS FIDELITY TRUST, LLC



Principal Place of Business Mailing Address
 2328 TENTH AVENUE NORTH STE. 403 2328 TENTH AVENUE NORTH STE. 403
 LAKE WORTH, FL 33461-6606 LAKE WORTH, FL 33461-6606



01232008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2096397	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 RUKIN, ROGER
 2328 TENTH AVENUE NORTH STE. 403
 LAKE WORTH, FL 33461-6606

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000809105
 02/08/08-80009-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM JAMES B RUKIN REVOCABLE TRUST 2328 10TH AVE NO., STE 403 LAKE WORTH, FL 334616606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM JULIA R. RUKIN REVOCABLE TRUST 2328 10TH AVE NO., STE 403 LAKE WORTH, FL 334616606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR RUKIN, ROGER-B 2328 10TH AVE NO., STE 403 LAKE WORTH, FL 334616606
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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: ROGER B. RUKIN 1-28-08 561 586-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone *