

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009535

Entity Name: VENAVENTURA III, L.L.C.

FILED
Apr 05, 2007
Secretary of State

Current Principal Place of Business:

822 MERIDIAN LN
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

822 MERIDIAN LN
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 20-1297757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORN, GARY A ESQ.
20801 BISCAYNE BLVD. SUITE 501
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

LEOPOLD, KORN & LEOPOLD
20801 BISCAYNE BLVD.
SUITE 501
AVENTURA, FL 33180 US

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.

SIGNATURE: GARY KORN

04/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHIRO, SAMI
Address: 822 MERIDIAN LN
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGR () Delete
Name: HARITON, PAUL
Address: 2838 NE 187 ST
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: FELDMAN, ENRIQUE
Address: 2838 NE 187 ST
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SAMI SHIRO

MGR

04/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date