

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90026 049 ****50.00

DOCUMENT # L03000016946

1. Entity Name
OFFICE VENTURES L.L.C.



Principal Place of Business
**15875 BRITTEN LANE
WELLINGTON, FL 33414**

Mailing Address
**15875 BRITTEN LANE
WELLINGTON, FL 33414**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032006 Chg-LLC CR2E083 (11/05)

4. FEI Number
83-0358071

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

**LLOYD GRANET, PA
2295 CORPROATE BLVD., STE. 235
BOCA RATON, FL 33431**

Name

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

City

FL

Zip Code

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SCHMIDT, FREDERICK J
8233-18 GATOR LANE
WEST PALM BEACH, FL 33411** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JAFKE, DENNIS J
15875 BRITTEN LANE
WELLINGTON, FL 33414** ☐ Delete

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

TITLE
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Dennis J. Jaffe

4/17/06

561-792-7498