2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 20, 2007 8:00 am Secretary of State 04-20-2007 90030 017 ****50.00 **DOCUMENT # L03000016946** 1. Entity Name OFFICE VENTURES L.L.C. 20008584 Principal Place of Business Mailing Address 15875 BRITTEN LANE 15875 BRITTEN LANE WELLINGTON, FL 33414 WELLINGTON, FL 33414 01192007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 83-0358071 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LLOYD GRANET, PA DO NOT WRITE 2295 CORPROATE BLVD., STE. 235 BOCA RATON, FL 33431 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 Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS TITLE SCHMIDT FREDERICK J NAME STREET ADDRESS 8233-18 GATOR LANE CITY-ST-ZIP WEST PALM BEACH, FL 33411 TITLE JAFFE, DENNIS J NAME STREET ADDRESS 15875 BRITTEN LANE CITY-ST-ZIP WELLINGTON, FL 33414 IIILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the inform on supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information discourate 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 peiver or trustee empreced to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is tru limited liability company or th

SIGNATURE: SIGNATURE AND TYPED

STREET ADDRESS CITY-ST-ZIP

> THORIZED REPRE ENTATIVE

Daytime Phone #

FILED