# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 08, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # L03000018106

1. Entity Name
LOXAHATCHEE VENTURE, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1120 S FEDERAL HWY<br>STE 200<br>DELRAY BEACH, FL 33483 | 1120 S FEDERAL HWY<br>STE 200<br>DELRAY BEACH, FL 33483 |

**DO NOT WRITE IN THIS SPACE**

02032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0961196
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ZENGAGE, JIM
1120 S FEDERAL HWY
#200
DELRAY BEACH, FL 33483

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | RETAIL CONCEPTS INC |
| STREET ADDRESS | 1120 S FEDERALL HWY STE 200 |
| CITY-ST-ZIP | DELRAY BEACH, FL 33483 |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |

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02/16/07-80020-020 55.00

**DO NOT WRITE IN THIS SPACE**

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:** _____ Jim Zengage 2/05/07 (561) 278-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #