

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 24, 2006 8:00 am**  
**Secretary of State**

05-24-2006 90036 011 \*\*\*\*50.00

<b>DOCUMENT # L03000029654</b>					
<b>1. Entity Name</b> VENICE CIRCLE, LLC					
<b>Principal Place of Business</b> 201 SMOLIAN CIRCLE SEA SIDE, FL 32459			<b>Mailing Address</b> 48 N COURT UNITE 3 PROVIDENCE, RI 02906		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 48 N. Court			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Unit 3			
<b>City &amp; State</b>		City & State Providence, RI 02903		<b>4. FEI Number</b> 20-0221547	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SCJARRETTA, STEVEN 2300 GLADES ROAD #302 EAST BOCA RATON, FL 33431			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>8.1</b> 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.					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE</span>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALTERS, BEVERLY C 48TH N CT UNIT 3 PROVIDENCE, RI 02906	<input type="checkbox"/> Delete <span style="float: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</span>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Walters, Beverly C. 48 N. Court, Unit 3 Providence, RI 02903	<input type="checkbox"/> Delete <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Walters, Beverly C. 48 N. Court, Unit 3 Providence, RI 02903	<input type="checkbox"/> Delete <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Walters, Beverly C. 48 N. Court, Unit 3 Providence, RI 02903	<input type="checkbox"/> Delete <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Walters, Beverly C. 48 N. Court, Unit 3 Providence, RI 02903	<input type="checkbox"/> Delete <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Walters, Beverly C. 48 N. Court, Unit 3 Providence, RI 02903	<input type="checkbox"/> Delete <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Walters, Beverly C. 48 N. Court, Unit 3 Providence, RI 02903	<input type="checkbox"/> Delete <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>			
<b>11.</b> 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.					
<b>SIGNATURE:</b> <i>BC Walters</i> <span style="float: right;">406 529-9233</span> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <span style="float: right;">Date Daytime Phone #</span>					