

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 07, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # L03000029654 | |
| 1. Entity Name VENICE CIRCLE, LLC | |
| Principal Place of Business 201 SMOLIAN CIRCLE SEA SIDE, FL 32459 | Mailing Address 48 N COURT UNITE 3 PROVIDENCE, RI 02903 |



02062007 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 20-0221547 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

SCIARRETTA, STEVEN
2300 GLADES ROAD #302 EAST
BOCA RATON, FL 33431

**DO NOT WRITE
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 (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------|
| TITLE | MGRM |
| NAME | WALTERS, BEVERLY C |
| STREET ADDRESS | 48 N. COURT, UNIT 3 |
| CITY-ST-ZIP | PROVIDENCE, RI 02903 |

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05/29/07-80017-021 50.00

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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:

B. Walters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jan. 1, 2007 401 351-1362