


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L03000033075 1. Entity Name VENETIAN VILLAGE, LLC |  |
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|---|---|
| Principal Place of Business 3972 WEST EAU GALLIE BLVD SUITE A MELBOURNE, FL 32934 | Mailing Address 3972 WEST EAU GALLIE BLVD SUITE A MELBOURNE, FL 32934 |
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 56-2423433 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WELSH, KEN R 3415 SHADY RUN ROAD MELBOURNE, FL 32934 |
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**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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ROBERTSON, DAVID B 8600 SOUTH TROPICAL TR MERRITT ISLAND, FL 32952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WELSH, KEN R 3415 SHADY RUN ROAD MELBOURNE, FL 32934 |
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U000000921633
05/15/08-80014-013 138.75

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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:  **Ken R Welsh** **4-18-08** **321-757-7383**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #