

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

FILED  
Mar 14, 2005 08:00 AM  
Secretary of State

DOCUMENT # L03000037832

1. Entity Name  
NEIGHBORHOOD VENTURES L.L.C.



Principal Place of Business  
4320 N.E. 15TH AVENUE  
OAKLAND PARK, FL 33334

Mailing Address  
4320 N.E. 15TH AVENUE  
OAKLAND PARK, FL 33334



02042005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
90-0118727

Applied For  
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DONNELLY, MARGARET  
4320 N.E. 15TH AVENUE  
OAKLAND PARK, FL 33334

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DONNELLY, MARGARET  
4320 N.E. 15TH AVENUE  
OAKLAND PARK, FL 33334

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DONNELLY, MICHAEL L  
4010 GAIT OCEAN DRIVE, APT. 908  
FORT LAUDERDALE, FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DORRIE, DOUGLAS  
4320 N.E. 15TH AVENUE  
OAKLAND PARK, FL 33334

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #

3.10.05 954.599.5125