

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 20, 2008 08:00 A**  
**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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 type (do not print name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

☐ Change ☐ Addition  
NAME 000000864795  
STREET ADDRESS 04/07/08-80002-002 138.75  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

*Margaret Donnelly*

3-17-08 561-265-4115

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Registration #