2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038731

Entity Name: VENTURE II, LLC

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5536 OLYMPIA STREET 4734 TROUBLECREEK RD.
NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652

Current Mailing Address: New Mailing Address:

PO BOX 890 ELFERS, FL 34680

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MANOS, ANTHONY A
5536 OLYMPIA STREET
NEW PORT RICHEY, FL 34652

MANOS, ANTHONY A
4734 TROUBLECREEK RD
NEW PORT RICHEY, FL 34652

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.

SIGNATURE: ANTHONY A. MANOS 04/27/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

 Title:
 MGRM
 () Delete

 Name:
 MANOS, ANTHONY A

 Address:
 5536 OLYMPIA STREET

 City-St-Zip:
 NEW PORT RICHEY, FL 34652

 Title:
 MGRM
 () Delete

 Name:
 NATTIS, GEORGE

 Address:
 5536 OLYMPIA STREET

 City-St-Zip:
 NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MANOS, ANTHONY A
Address: 4734 TROUBLECREEK RD.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM (X) Change () Addition

Name:NATTIS, GEORGEAddress:4734 TROUBLECREEK RD.City-St-Zip:NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANTHONY A. MANOS MGRM 04/27/2004