

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038731

Entity Name: VENTURE II, LLC

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

4734 TROUBLECREEK RD.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

5112TROUBLECREEK RD.
NEW PORT RICHEY, FL 34652

Current Mailing Address:

PO BOX 890
ELFERS, FL 34680

New Mailing Address:

FEI Number: 20-0404963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MANOS, ANTHONY A
5112 TROUBLECREEK RD
NEW PORT RICHEY, FL 34652 US

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:

04/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

Title: MGRM () Delete
Name: NATTIS, GEORGE
Address: 4734 TROUBLECREEK RD.
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MANOS, ANTHONY A
Address: 5112 TROUBLECREEK RD.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM (X) Change () Addition
Name: NAFTIS, GEORGE
Address: 5112 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

MGR

04/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date