

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000039698

Entity Name: VENTURE 628 WEST, L.L.C.

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

542 WASHINGTON AVE.  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

542 WASHINGTON AVE.  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 20-0328674

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMAS G. SHERMAN, ESQ, P.A.  
218 ALMERIA AVE.  
CORAL GABLES, FL 33134 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SCATTARREGGIA, PAOLO  
Address: 18671 COLLINS AVE., APT. 1501  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SCATTARREGGIA, PAOLO  
Address: 18671 COLLINS AVE., APT. 1501  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: SCATTARREGGIA PAOLO

MGR

04/29/2005

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