## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State** DOCUMENT # L03000039711 01-13-2006 90038 044 \*\*\*\*50.00 VENTURE PH 30 WEST, L.L.C. Principal Place of Business PPRTAAA Mailing Address 542 WASHINGTON AVE. 542 WASHINGTON AVE. MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 CR2E083 (11/05) 01062006 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0328832 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THOMAS G. SHERMAN, ESQ, P.A. DO NOT WRITE 218 ALMERIA AVE. CORAL GABLES, FL 33134 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,: 2006 9. MANAGING MEMBERS/MANAGERS MGRM TITLE HARARI, ERIC NAME 12610 CYPRUS RD. STREET ADDRESS NORTH MIAMI, FL 33181 CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FRIC HARPR

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

01/06/06 (305)673.3948

FILED Jan 13, 2006 8:00 am