

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90062 028 ****55.00

DOCUMENT # L04000018729

1. Entity Name
VENETIAN BAY, LLC



Principal Place of Business
**401 COMMERCIAL COURT, SUITE A
VENICE, FL 34292**

Mailing Address
**401 COMMERCIAL COURT, SUITE A
VENICE, FL 34292**

40059097



04062006 Chg-LLC CR2E083 (11/05)

4. FEI Number
51-0500915

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TAYLOR, N. BERRY SR.
401 COMMERCIAL COURT, SUITE A
VENICE, FL 34292**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **TAYLOR, N. BERRY SR.**
STREET ADDRESS **401 COMMERCIAL COURT, SUITE A**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **TAYLOR, N. BERRY**
STREET ADDRESS **401 COMMERCIAL COURT, SUITE A**
CITY-ST-ZIP **VENICE, FL 34292**

TITLE **MGR** ☐ Change ☒ Addition
NAME **PEACOCK, FRANK**
STREET ADDRESS **401 COMMERCIAL COURT, SUITE A**
CITY-ST-ZIP **VENICE, FL 34292**

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

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

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

TITLE ☐ 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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/6/06 **941-484-5339**
Date Daytime Phone #