

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023054

Entity Name: VENTURE LAND GROUP, LLC

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

10 S.E. CENTRAL PARKWAY
STE # 315
STUART, FL 34994

New Principal Place of Business:

725 SE PORT SAINT LUCIE BLVD
201
PORT SAINT LUCIE, FL 34984

Current Mailing Address:

10 S.E. CENTRAL PARKWAY
STE # 315
STUART, FL 34994

New Mailing Address:

725 SE PORT SAINT LUCIE BLVD
201
PORT SAINT LUCIE, FL 34984

FEI Number: 20-1437792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, MARC I
800 VIRGINIA AVENUE
STE # 57
FORT PIERCE, FL 34982 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: YACHT CLUB PROPERTIE, S,LLC
Address: 10 S.E. CENTRAL PARKWAY, STE# 315
City-St-Zip: STUART, FL 34994

Title: MGRM () Delete
Name: THB DEVELOPMENT LLC,
Address: 800 VIRGINIA AVENUE, STE # 57
City-St-Zip: FT. PIERCE, FL 34982

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: YACHT CLUB PROPERTIE, S,LLC
Address: P.O. BOX 838
City-St-Zip: HIAWASSEE, GA 30546

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARC I. SOLOMON

MGRM

04/19/2005

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