

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041288

FILED
Apr 23, 2008
Secretary of State

Entity Name: VENMARSON PROPERTIES, LLC

Current Principal Place of Business:

1647 WALNUT STREET
BERKELEY, CA 94709 US

New Principal Place of Business:

1983 HOPKINS STREET
BERKELEY, CA 94707 US

Current Mailing Address:

1647 WALNUT STREET
BERKELEY, CA 94709 US

New Mailing Address:

1983 HOPKINS STREET
BERKELEY, CA 94707 US

FEI Number: 03-0543221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEIGENBAUM, DAVID MR.
1700 W. WOOLBRIGHT ROAD
SUITE 6
BOYNTON BEACH, FL 33426 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/MANAGERS:

Title: MGR () Delete
Name: THOMPSON, VENESIA M MS
Address: 1647 WALNUT STREET
City-St-Zip: BERKELEY, CA 94709 US

Title: MGR () Delete
Name: LOGAN, SUSAN K MS.
Address: 1647 WALNUT STREET
City-St-Zip: BERKELEY, CA 94709 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THOMPSON, VENESIA M MS
Address: 1983 HOPKINS STREET
City-St-Zip: BERKELEY, CA 94707 US

Title: MGR (X) Change () Addition
Name: LOGAN, SUSAN K MS.
Address: 1983 HOPKINS STREET
City-St-Zip: BERKELEY, CA 94707 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: VENESIA THOMPSON

MS>

04/23/2008

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