

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044152

Entity Name: V.I.P. VENTURES, LLC

FILED
Jan 14, 2005
Secretary of State

Current Principal Place of Business:

418 PARK PLACE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

418 PARK PLACE
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 06-1726691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORRENTE, WILL
418 PARK PLACE
WEST PALM BEACH, FL 33401 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: CORRENTE, WILL
Address: 514 2ND AVE NOROTH
City-St-Zip: LAKE WORTH, FL 33462

Title: MGRM () Delete
Name: KEENE, KEVIN
Address: 6814 HOULTON CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM () Delete
Name: STREET, MARC
Address: 6 GOODWIN LANE
City-St-Zip: OAK BLUFFS, MA 02557

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CORRENTE, WILL
Address: 418 PARK PLACE
City-St-Zip: WEST PALM BEACH, FL 33401

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

Title: MGRM (X) Change () Addition
Name: STREET, MARC
Address: 210 SCARBOROUGH TERR
City-St-Zip: WELLINGTON, FL 33414

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: WILLIAM CORRENTE

MGRM

01/14/2005

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