

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90177 032 \*\*\*\*55.00

**DOCUMENT # L04000045148**

1. Entity Name  
**VENECINCO LLC**



Principal Place of Business  
**7701 TIMBERLIN PARK BLVD., SUITE 321  
JACKSONVILLE, FL 32256**

Mailing Address  
**7701 TIMBERLIN PARK BLVD., SUITE 321  
JACKSONVILLE, FL 32256**

**20010419**



2. Principal Place of Business  
**801 BRICKELL KEY BLVD.**

3. Mailing Address  
**801 BRICKELL KEY BLVD.**

Suite, Apt. #, etc.  
**SUITE 1900**

Suite, Apt. #, etc.  
**SUITE 1900**

02092005 Chg-LLC CR2E083 (10/03)

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**54-2154227**

Applied For  
Not Applicable

Zip  
**33131**

Country  
**USA**

Zip  
**33131**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

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

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, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
URIBE, REINALDO E  
7701 TIMBERLIN PARK BLVD., SUITE 321  
JACKSONVILLE, FL 32256** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
URIBE, REINALDO E  
801 BRICKELL KEY BLVD. SUITE 1900  
MIAMI FL 33131** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
STEFANI, OSCAR M  
7701 TIMBERLIN PARK BLVD., SUITE 321  
JACKSONVILLE, FL 32256** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
STEFANI, OSCAR M  
801 BRICKELL KEY BLVD. SUITE 1900  
MIAMI, FL 33131** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
GUTIERREZ, RAMON E  
7701 TIMBERLIN PARK BLVD., SUITE 321  
JACKSONVILLE, FL 32256** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
GUTIERREZ, RAMON E  
801 BRICKELL KEY BLVD SUITE 1900  
MIAMI, FL 33131** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Reinaldo E. Uribe*

**2/9/05**

**305-766-4423**

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

Date

Daytime Phone #