

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2005 8:00 am
Secretary of State

02-22-2005 90071 004 ****55.00

DOCUMENT # L04000045386 1. Entity Name VENETIAN HOMES, LLC					
Principal Place of Business 3518 NW 36 STREET MIAMI, FL 33142			Mailing Address 3518 NW 36 STREET MIAMI, FL 33142		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02152005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 57-1207715				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ELITE CONSTRUCTION & DEVELOPMENT, INC. 3518 NW 36 STREET MIAMI, FL 33142			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 registering)					
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	MGRM ELITE CONSTRUCTION & DEVELOPMENT, INC. 3518 NW 36 STREET MIAMI, FL 33142 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, and am duly empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE: _____			02-15-05 305-6357319		
SIGNATURE AND TYPE OF OFFICER, NAME OF SIGNER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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