

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000049535**

1. Entity Name  
**RESIDENTIAL VENTURES, LLC**



Principal Place of Business  
**17767 63RD ROAD NORTH  
LOXAHATCHEE, FL 33470**

Mailing Address  
**17767 63RD ROAD NORTH  
LOXAHATCHEE, FL 33470**



01162006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**76-0762180**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DORSEY, PAMELA M  
17767 63RD ROAD NORTH  
LOXAHATCHEE, FL 33470**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
NEDOROSCIK, STEPHEN P SR.  
17767 63RD ROAD NORTH  
LOXAHATCHEE, FL 33470**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DORSEY, PAMELA M  
17767 63RD ROAD NORTH  
LOXAHATCHEE, FL 33470**

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

1000000342953  
01/25/06-80001-012 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Pamela M. Dorsey*

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

01/20/06

Date

561-795-4187

Daytime Phone #