## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000056894

Entity Name: VENTURE CDY, LLC

**FILED** Apr 26, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

15282 SW 69 TERRACE 493 SW NORTH QUICK CIRCLE MIAMI, FL 33193 PORT ST LUCIE, FL 34953

**Current Mailing Address: New Mailing Address:** 

15282 SW 69 TERRACE 493 SW NORTH QUICK CIRCLE MIAMI, FL 33193 PORT ST LUCIE, FL 34953

FEI Number: 36-4558756 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

YOUNG, CAROL A YOUNG, CAROL A 493 SW NORTH QUICK CIRCLE 15282 SW 69 TERRACE MIAMI, FL 33193 PORT ST LUCIE, FL 34953

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: 04/26/2007

> Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition YOUNG, CAROL A YOUNG, CAROL A Name: Name: 15282 SW 69 TERRACE Address: 493 SW NORTH QUICK CIRCLE Address: City-St-Zip: MIAMI, FL 33193 City-St-Zip: PORT ST LUCIE, FL 34953

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition YEEKEE, DEBORAH Name: YOUNG, ROBERT J Name: Address: 15282 SW 69 TERRACE Address: 493 SW NORTH QUICK CIRCLE City-St-Zip: MIAMI, FL 33193 City-St-Zip: PORT ST LUCIE, FL 34953

Title: () Delete Title: MGRM ( ) Change (X) Addition YOUNG, DIANNE Name: Name:

493 SW NORTH QUICK CIRCLE Address: Address:

City-St-Zip: City-St-Zip: PORT ST LUCIE, FL 34953

Title: () Delete Title: MGRM ( ) Change (X) Addition YOUNG, CHRISTOPHER Name: Name: 493 SW NORTH QUICK CIRCLE Address: Address: City-St-Zip: City-St-Zip: PORT ST LUCIE, FL 34953

Title: () Delete Title: MGRM ( ) Change (X) Addition

YOUNG, MICHELLE Name: Name:

493 SW NORTH QUICK CIRCLE Address: Address: City-St-Zip: City-St-Zip: PORT ST LUCIE, FL 34953

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: CAROL YOUNG **MGRM** 04/26/2007