

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058324

FILED
Feb 14, 2008
Secretary of State

Entity Name: VENTURE GROUP TWO, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 US

New Principal Place of Business:

300 OSBORNE STREET
SAINT MARYS, GA 31558 US

Current Mailing Address:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 US

New Mailing Address:

300 OSBORNE STREET
SAINT MARYS, GA 31558 US

FEI Number: 20-1457449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 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/MANAGERS:

Title: MGRM () Delete
Name: LUCENT, JOSEPH
Address: 821 RIVER VIEW DRIVE EAST
City-St-Zip: ST MARIE, GA 33558 US

Title: MGRM () Delete
Name: LUCENT, TERRA
Address: 821 RIVER VIEW DRIVE EAST
City-St-Zip: ST MARIE, GA 31558 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LUCENT, JOSEPH
Address: 821 RIVERVIEW DRIVE EAST
City-St-Zip: ST MARYS, GA 31558 US

Title: MGRM (X) Change () Addition
Name: LUCENT, TERRA
Address: 821 RIVERVIEW DRIVE EAST
City-St-Zip: ST MARYS, GA 31558 US

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: JOSEPH LUCENT

MGRM

02/14/2008

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