

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000062434



1. Entity Name

VENICE HSD, L.L.C.

Principal Place of Business

7620 OLD GEORGETOWN RD, #623
BETHESDA MD 20814

Mailing Address

7620 OLD GEORGETOWN RD, #623
BETHESDA MD 20814



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number
20-1459781

Applied For
Not Applicable

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

FORD, BOWLUS, DUSS, MORGAN, KENNEY, SAFER
10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257

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 constituting)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME COHEN, DANIEL
STREET ADDRESS 7620 OLD GEORGETOWN RD, #623
CITY-ST-ZIP BETHESDA MD 20814

TITLE ☐ Change ☐ Addition
NAME U000000487431
STREET ADDRESS 04/13/06-80076-021 50.00
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME MILO, STEPHEN
STREET ADDRESS 417 OCEAN BLVD
CITY-ST-ZIP ATLANTIC BEACH FL 32233

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

TITLE MGR ☐ Delete
NAME HARRISON, HARRY
STREET ADDRESS 10021 SORREL AVE
CITY-ST-ZIP POTOMAC MD 20854

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

[Handwritten Signature]

3/29/06