## **2006 LIMITED LIABILITY COMPANY**

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

## Apr 24, 2006 8:00 am Secretary of State ANNUAL REPORT 04-24-2006 90062 030 \*\*\*\*55 00 **DOCUMENT # L04000068864** 1. Entity Name VENETIAN COMPANIES, LLC Mailing Address Principal Place of Business 40059095 **401 COMMERCIAL COURT** 401 COMMERCIAL COURT SUITE A SUITE A VENICE, FL 34292 VENICE, FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062006 CR2E083 (11/05) Chg-LLC Applied For City & State 4. FEI Number City & State Not Applicable 20-1649003 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, N. BERRY SR. Street Address (P.O. Box Number is Not Acceptable) 401 COMMERICAL COURT SUITE A VENICE, FL 34292 City 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. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change ☐ Addition Delete TITLE TITLE TAYLOR, N. BERRY SR. THUR N. BERRY NAME NAME 401 COMMERCIAL COURT, SUITE A 401 COMMERCIAL COURT, SUITE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE, FL 34292 VENICE, FL 34292 Change ☐ Addition TITLE VP/S ☐ Delete TITLE HAGAN, KEVIN NAME NAME STREET ADDRESS 401 COMMERCIAL COURT, SUITE A STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP VENICE, FL 34292 Addition **VP/**T ☐ Change Delete TITLE TITLE PEACOCK, FRANK 401 COMMERCIAL COURT, SUITE A NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE, FL 34292 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED**