


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90104 007 \*\*\*\*50.00

|   |  |  |  |
|---|--|--|--|
| <b>DOCUMENT # L04000071009</b><br>1. Entity Name<br><b>FIRST VENUS MANAGEMENT, L.L.C.</b>   |  |   |  |
| Principal Place of Business<br><b>21044 NORDHOFF STREET, SUITE M<br/>                 C/O FIRST CHOICE MANAGEMENT<br/>                 CHATSWORTH, CA 91311</b>   |  | Mailing Address<br><b>21044 NORDHOFF STREET, SUITE M<br/>                 C/O FIRST CHOICE MANAGEMENT<br/>                 CHATSWORTH, CA 91311</b>  |  |
| 2. Principal Place of Business<br><b>9035 Eton Ave</b><br>Suite, Apt. #, etc.<br><b>A</b>   |  | 3. Mailing Address<br><b>9035 Eton Ave</b><br>Suite, Apt. #, etc.<br><b>A</b>  |  |
| City & State<br><b>Canoga Park Calif</b>  |  | City & State<br><b>Canoga Park CA</b>  |  |
| Zip<br><b>91304</b>   | Country  | Zip<br><b>91304</b>  | Country  |
| 4. FEI Number<br><b>35-2242912</b>  |  | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$5.00</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RICHARD J. ALAN CAHAN<br/>                 121 ALHAMBRA PLAZA<br/>                 C/O BECKER &amp; POLIAKOFF, P.A.<br/>                 CORAL GABLES, FL 33134</b>   |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |  |
| <b>Filing Fee is \$50.00<br/>                 Due by May 1, 2005</b>  |  | <b>Make check payable to<br/>                 Florida Department of State</b>  |  |
| 9. MANAGING MEMBERS/MANAGERS  |  | 10. ADDITIONS/CHANGES  |  |
| TITLE<br><b>MGR</b> <input type="checkbox"/> Delete<br>NAME<br><b>CAMMARATA, KEVIN</b><br>STREET ADDRESS<br><b>21044 NORDHOFF STREET, SUITE M</b><br>CITY-ST-ZIP<br><b>CHATSWORTH, CA 91311</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE<br><b>MGR</b> <input type="checkbox"/> Delete<br>NAME<br><b>CAMMARATA, PAOLO</b><br>STREET ADDRESS<br><b>10120 S. EASTERN AVENUE, SUITE 218</b><br>CITY-ST-ZIP<br><b>HENDERSON, NV 89052</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Kevin Cammarata</i></u> <u><i>Paolo Cammarata</i></u> <u>1-15-05</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <span style="float: right;">Date Daytime Phone #</span>  |  |  |  |

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01142005 Chg-LLC CR2E083 (10/03)