

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 06, 2005 8:00 am
Secretary of State

05-02-2005 90095 015 ****50.00

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04262005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000077151 1. Entity Name VENICE GARDEN APARTMENTS, LLC					
Principal Place of Business 1695 LANTANA AVENUE, UNIT E ENGLEWOOD, FL 34224			Mailing Address 1695 LANTANA AVENUE, UNIT E ENGLEWOOD, FL 34224		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FE Number 30-0286119			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent TOMANY, MICHAEL A 1695 LANTANA AVENUE, UNIT E ENGLEWOOD, FL 34224			7. Name and Address of New Registered Agent 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 reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TOMANY, MICHAEL A 1695 LANTANA AVENUE, UNIT E ENGLEWOOD, FL 34224 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:			4/26/05 954873 0000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		