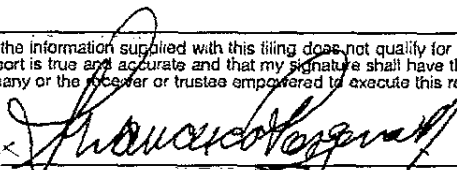


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000077415		
1. Entity Name VENMAR, LLC		
Principal Place of Business 11971 SW 97 TERRACE MIAMI, FL 33186		Mailing Address 11971 SW 97 TERRACE MIAMI, FL 33186
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ILEANA ARIAS TOVAR, ESQ. 1725 MAIN STREET, SUITE 209 WESTON, FL 33326		DO NOT WRITE IN THIS SPACE
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) _____ DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE	MGR	
NAME	BARBOZA, RICARDO	
STREET ADDRESS	11971 SW 97 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	MGR	
NAME	PASQUA, FRANCESCO	
STREET ADDRESS	11971 SW 97 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		DO NOT WRITE IN THIS SPACE
STREET ADDRESS		
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.		
SIGNATURE: 		Date: 4/25/06 Daytime Phone #: (305) 598 4055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		



04252006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1807582

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U00000537663
05/09/06-80026-017 50.00