2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Mar 31, 2006 08:00 AM Secretary of State DOCUMENT # L04000077651 1. Entity Name VENICE HSD REAL ESTATE MANAGEMENT, L.L.C. 7620 OLD GEORGETOWN ROAD, #623 BETHESDA MD 20814 US Principal Place of Business Mailing Address 7620 OLD GEORGETOWN ROAD, #623 BETHESDA MD 20814 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 20-1837796 Not Applicable Zip Country Zip Country \$5.00 Additionat 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FORD, BOWLUS, ET AL. Street Address (P.O. Box Number is Not Acceptable) 10110 SAN JOSE BLVD. JACKSONVILLE FL 32257 City Zip Code 3. 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 type-d or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES UUE MGR Oefete TITLE ☐ Change ☐ Addition NAME COHEN, DANIEL J NAME U0000048<u>742</u>8 STREET ADDRESS 7111 LONGWOOD DRIVE STREET ADDRESS 04/13/06-80076-020 50.00 CITY-ST-ZIP CITY-ST-71P BETHESDA MD 20817 THRE MGR ☐ Delete 0015 ☐ Change ☐ Addition HARRISON, HARRY A NAMO NAME STREET ADDRESS 10021 SORREL AVENUE STREET ADDRESS CITY ST-ZIP POTOMAC MD 20854 CRIY-ST-ZIP DNE Defete Ti35 F ☐ Change Addition NAMO NAME MILO, STEPHEN E STREET ADDRESS STREET ADDRESS 417 OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP ATLANTIC BEACH FL 32233 TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-71P CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-IP CHY-ST-ZIP TITLE ☐ Defete ☐ Chance ☐ Addition NAME 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 Section 119. Florida Statutes. I further certify that the information indicated on this report is true and appointe and that my signature shall have the same legal effect as if made under oath, that I am a managing member or managor of the limited liability company or the receiver or justice empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED