


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90079 027 ****50.00

DOCUMENT # L04000084490

1. Entity Name
VOLUSIA REAL ESTATE VENTURES, LLC



Principal Place of Business
500 MEMORIAL CIR. STE. E-2 ST B
ORMOND BEACH, FL 32174 US

Mailing Address
483 SOUTH NOVA RD
ORMOND BEACH, FL 32174 US

60034474



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
500 MEMORIAL CIRCLE

Suite, Apt. #, etc.
SUITE B

City & State
ORMOND BEACH

Zip
32174

Country
US

03062007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

WHITE-YOUNG, BEVERLY
595 N NOVA RD STE 111
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name
ROBERT B. LEB

Street Address (P.O. Box Number is Not Acceptable)
500 MEMORIAL CIRCLE

City
ORMOND BEACH

State
FL

Zip Code
32174

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 _____ DATE **3/16/07**

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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOSHAK, JOHN J DO		NAME		
STREET ADDRESS	483 SOUTH NOVA RD		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEB, ROBERT B MD		NAME		
STREET ADDRESS	483 SOUTH NOVA RD		STREET ADDRESS	500 MEMORIAL CIRCLE - SUITE B	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMCHANDER, NEVILLE MD		NAME		
STREET ADDRESS	483 SOUTH NOVA RD		STREET ADDRESS	500 MEMORIAL CIRCLE - SUITE B	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONSOUR, FREDERICK J MD		NAME		
STREET ADDRESS	483 SOUTH NOVA RD		STREET ADDRESS	500 MEMORIAL CIRCLE - SUITE B	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBONELL, OSCAR F MD		NAME		
STREET ADDRESS	483 SOUTH NOVA RD		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, JAMES W MD		NAME		
STREET ADDRESS	483 SOUTH NOVA RD		STREET ADDRESS	500 MEMORIAL CIRCLE - SUITE B	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		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 **3/16/07** DAYTIME PHONE # **386-613-8840**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ATTACHMENT 60034474
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT
DOCUMENT # L04000084490
VOLUSIA REAL ESTATE VENTURES, LLC

ADDITIONAL INFORMATION FOR BLOCK 10 – ADDITIONS/CHANGES

10. MGRM

DANA, FRANKLIN M.D.
500 MEMORIAL CIRCLE – SUITE B
ORMOND BEACH, FL 32174

MGRM
GOLLA, BHASKAR M.D.
500 MEMORIAL CIRCLE – SUITE B
ORMOND BEACH, FL 32174

MGRM
SERGIO PINEIRO, D.O.
500 MEMORIAL CIRCLE – SUITE B
ORMOND BEACH, FL 32174

MGRM
SINGIREDDY, SUKHENDER M.D.
500 MEMORIAL CIRCLE – SUITE B
ORMOND BEACH, FL 32174