

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90003 003 \*\*\*138.75

DOCUMENT # L04000084490

1. Entity Name  
 VOLUSIA REAL ESTATE VENTURES, LLC



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

Mailing Address  
 500 MEMORIAL CIRCLE  
 SUITE B  
 ORMOND BEACH, FL 32174 US

60033400



2. Principal Place of Business - No P.O. Box #  
 1680 DUNLAWTON AVE

3. Mailing Address  
 1680 DUNLAWTON AVE

03202008 Chg-LLC CR2E083 (12/06)

City & State  
 PORT ORANGE, FL

City & State  
 PORT ORANGE, FL

Zip  
 32127

Country  
 USA

4. FEI Number  
 20-2294537

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEB, ROBERT B  
 500 MEMORIAL CIRCLE  
 SUITE B  
 ORMOND BEACH, FL 32174

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! - FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANA, FRANKLIN MD 500 MEMORIAL CIRCLE - SUITE B ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEB, ROBERT B MD 500 MEMORIAL CIRCLE - SUITE B ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAMCHANDER, NEVILLE MD 500 MEMORIAL CIRCLE - SUITE B ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONSOUR, FREDERICK J MD 500 MEMORIAL CIRCLE - SUITE B ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARBONELL, OSCAR F MD 483 SOUTH NOVA RD ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEAVER, JAMES W MD 500 MEMORIAL CIRCLE - SUITE B ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1680 DUNLAWTON AVE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1680 DUNLAWTON AVE PORT ORANGE, FL 32127
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1680 DUNLAWTON AVE PORT ORANGE, FL 32127

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: [Signature]

4/15/08

386-304-1212

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

Date

Daytime Phone #