

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084490

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** VOLUSIA REAL ESTATE VENTURES, LLC

**Current Principal Place of Business:**

1680 DUNLAWTON AVE  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

1680 DUNLAWTON AVE  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

6 FERNWOOD TRAIL  
ORMOND BEACH, FL 32174 US

FEI Number: 20-2294537

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANDNES, CHARLES A MGR  
1680 DUNLAWTON AVE  
PORT ORANGE, FL 32127 US

**Name and Address of New Registered Agent:**

MONSOUR, FREDERICK J MD  
6 FERNWOOD TRAIL  
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: FREDERICK MONSOUR, M.D.

02/23/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DANA, FRANKLIN MD  
Address: 1680 DUNLAWTON AVE  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: MGR  
Name: LEB, ROBERT B MD  
Address: 1680 DUNLAWTON AVE  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: MGR  
Name: RAMCHANDER, NEVILLE MD  
Address: 1680 DUNLAWTON AVE  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: MGR  
Name: MONSOUR, FREDERICK J MD  
Address: 1680 DUNLAWTON AVE  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: MGR  
Name: CARBONELL, OSCAR F MD  
Address: 1680 DUNLAWTON AVE  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: MGR  
Name: WEAVER, JAMES W MD  
Address: 1680 DUNLAWTON AVE  
City-St-Zip: PORT ORANGE, FL 32127 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: FREDERICK MONSOUR, M.D.

MGR

02/23/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date