

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086437

FILED
Apr 25, 2005
Secretary of State

Entity Name: CHUB CAY VENTURES, LLC

Current Principal Place of Business:

751 PARK OF COMMERCE DRIVE
STE. 118
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

751 PARK OF COMMERCE DRIVE
STE. 118
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 56-2492630 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARNER, MICHELLE A
751 PARK OF COMMERCE DRIVE
STE. 118
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GARCIA, JORGE H
Address: 751 PARK OF COMMERCE DRIVE
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM () Delete
Name: BRENNER, STUART M
Address: 751 PARK OF COMMERCE DRIVE
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM () Delete
Name: STROMBERG, PETER T
Address: 751 PARK OF COMMERCE DRIVE
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: JORGE H. GARCIA

MGR

04/25/2005

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