

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089678

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: GARDEN VENTURE CAPITAL, LLC

**Current Principal Place of Business:**

12330 S.W. 53RD STREET  
SUITE 705  
COOPER CITY, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

12330 S.W. 53RD STREET  
SUITE 705  
COOPER CITY, FL 33330

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

TRANSCORPORATION SERVICES INC.  
269 GIRALDA AVE.  
SUITE 201  
CORAL GABLES, FL 33134 US

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

DIAZ, RENE  
2 ALHAMBRA PLAZA  
# 860  
CORAL GABLES, FL 33134 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: RENE DIAZ

04/30/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: FERNANDEZ, ALEX  
Address: 13101 MUSTANG TRAIL  
City-St-Zip: SOUTHWEST RANCHES, FL 33330 US

Title: MGR ( ) Change (X) Addition  
Name: GONZALEZ, ANDREW  
Address: 15201 EGAN LANE  
City-St-Zip: MIAMI LAKES, FL 33014 US

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: ALEX FERNANDEZ

MGRM

04/30/2005

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