


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90128 034 ***138.75

DOCUMENT # L04000089717 1. Entity Name VENCAP, LLC					
Principal Place of Business 201 E PINE STREET, SUITE 701 ORLANDO, FL 32801			Mailing Address 201 E PINE STREET, SUITE 701 ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box # 200 East Robinson Street Suite, Apt. #, etc. Suite 1180		3. Mailing Address 200 East Robinson Street Suite, Apt. #, etc. Suite 1180			
City & State Orlando, Florida		City & State Orlando, Florida		04112008 Chg-LLC CR2E083 (12/06)	
Zip 32801		Country USA		4. FEI Number 20-2222991	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent LOWMAN, WILLIAM R JR ESQ SHUFFIELD LOWMAN 1000 LEGION PLACE, SUITE 1700 ORLANDO, FL 32801			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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, DARYL B 201 E. PINE STREET, SUITE 701 ORLANDO, FL 32801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 E. Robinson Street, Suite 1180 Orlando, FL 32801		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: Laurie Grdinich, CFO Laurie Grdinich 4/21/2008 407-841-5588 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					