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Secretary of State
05-29-2007 90287 021 ****58.75

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

30011198

DOCUMENT # L05000010409

1. Entity Name
VENEZA VILLAS LLC

Principal Place of Business	Mailing Address
948 WINDWARD WAY WESTON, FL 33327	C/O SANDOVAL & ASSOCIATES 4069 HOLLY COURT WESTON, FL 33331

05232007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2274828 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

~~PERIM, OTAVIO V~~ SANDOVAL & ASSOCIATES
~~948 WINDWARD WAY~~
~~WESTON, FL 33327~~

7. Name and Address of New Registered Agent

Name SANDOVAL & ASSOCIATES INC
Street Address (P.O. Box Number is Not Acceptable) 4069 HOLLY COURT
City WESTON FL Zip Code 33331

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 _____ 06-10-2007
Signature, typed or printed name of registered agent and title if applicable. (Florida requires signature when reinstating) DATE

SANDOVAL & ASSOCIATES
P.O. BOX 276873
WESTON, FL 33328-6873

Filing Fee is $56.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PERIM, OTAVIO V 948 WINDWARD WAY WESTON, FL 33327	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PERIM, REGINA N ~~948 WINDWARD WAY~~ 53 MARQUISE OAKS PLACE ~~WESTON, FL 33327~~ THE WOODS TX 77382	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR FLAVIO, FERRI ~~948 WINDWARD WAY~~ 4141 BRIAR LANE ~~WESTON, FL 33327~~ WESTON FL 33332	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: ⓧ _____ ⓧ 06-15-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #