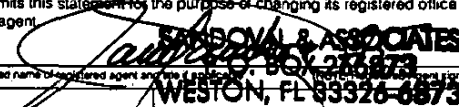
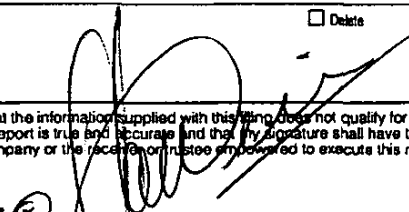


FILED
Jun 25, 2007 8:00 am
Secretary of State

05-29-2007 90287 021 ****58.75

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000010409			
1. Entity Name VENEZA VILLAS LLC			
Principal Place of Business 948 WINDWARD WAY WESTON, FL 33327		Mailing Address C/O SANDOVAL & ASSOCIATES 4069 HOLLY COURT WESTON, FL 33331	
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
5232007		Chg-LLC CR2E083 (12/06)	
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 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  SANDOVAL & ASSOCIATES Signature, typed or printed name of registered agent and title if applicable. If not applicable, leave blank. (Signature required when reinstating) WESTON, FL 33326-6873 DATE 06-10-2007			
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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PERIM, REGINA N 948 WINDWARD WAY WESTON, FL 33327 53 MARQUISE OAKS THE WOODS TX 77382 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FLAVIO, FERRI 948 WINDWARD WAY WESTON, FL 33327 4141 BRIAR LANE WESTON FL 33332 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 606, Florida Statutes.			
SIGNATURE: 		Date 06-15-2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	