

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000011613

FILED
Jan 30, 2009
Secretary of State

Entity Name: VENITIAN TRAIL, LLC

Current Principal Place of Business:

1868 S. TAMIAIMI TRAIL
VENICE, FL 34 US

New Principal Place of Business:

Current Mailing Address:

1447 PEREGRINE POINT DR
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 20-2632575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCCI, ALEXANDER K
1447 PEREGRINE POINT DR
SARASOTA, FL 34231 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/MANAGERS:

Title: MGR () Delete
Name: TUCCI, STEVEN M
Address: 1447 PEREGRINE PT DR
City-St-Zip: SARASOTA, FL 34231 US

Title: MGR () Delete
Name: TUCCI, ALEXANDER K
Address: 5381 PALOS VERDES DR
City-St-Zip: SARASOTA, FL 34231 US

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

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: TUCCI, ALEXANDER K
Address: 5312 CARMIFRA DR.
City-St-Zip: SARASOTA, FL 34231 US

Title: MGR () Change (X) Addition
Name: TUCCI, MARI E KOERNER
Address: 1447 PEREGRINE POINT DR
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARI E. KOERNER TUCCI

MGR

01/30/2009

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