

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013294

FILED
Mar 26, 2008
Secretary of State

Entity Name: FLORIDA REAL ESTATE VENTURES, LLC

Current Principal Place of Business:

1401 E BROWARD BLVD
SUITE 206
FT LAUDERDALE, FL 33301

New Principal Place of Business:

5802 TYLER STREET
HOLLYWOOD, FL 33021

Current Mailing Address:

1401 E BROWARD BLVD
SUITE 206
FT LAUDERDALE, FL 33301

New Mailing Address:

5802 TYLER STREET
HOLLYWOOD, FL 33021

FEI Number: 20-3120932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERMAN, BRUCE
1401 E. BROWARD BLVD., #206
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

LASRY, JOHN
5802 TYLER STREET
HOLLYWOOD, FL 33021 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: JOHN LASRY

03/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HERMAN, BRUCE
Address: 1401 E BROWARD BLVD 206
City-St-Zip: FORT LAUDERDALE, FL 33301

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LASRY, JOHN
Address: 5802 TYLER STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Change (X) Addition
Name: KONCKIER, HENRI
Address: 1666 KENNEDY CSWY, SUITE 610
City-St-Zip: N. BAY VILLAGE, FL 33141

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: JOHN LASRY

MGR

03/26/2008

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