


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90090 001 ***150.00

DOCUMENT # L05000022357	
1. Entity Name 300 VENETIAN, L.L.C.	

Principal Place of Business 29169 HEATHERCLIFF SUITE 208 MALIBU, CA 90265 US	Mailing Address 29169 HEATHERCLIFF SUITE 208 MALIBU, CA 90265 US
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30012598



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

08202007 Chg-LLC CR2E083 (12/06)

8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOOD, BRADLEY J ESQ. 2639 DR. M.L. KING STREET NORTH ST. PETERSBURG, FL 33704		Name Wood, Bradley J., Esquire Street Address (P.O. Box Number is Not Acceptable) 600 First Avenue North, Suite 302 City St. Petersburg FL Zip Code 33701	

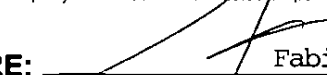
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Bradley J. Wood, Esquire 8/29/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, BART 29169 HEATHERCLIFF, SUITE 208 MALIBU, CA 90265 <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	MGRM CALVO MANAGEMENT INTERNATIONAL, INC. 240 UNION STREET DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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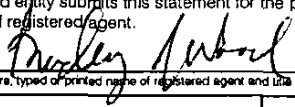
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under 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:  Fabian Calvo, President, Calvo Management International Inc. 8/29/07 (727) 423-1872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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ATTACHMENT

30012548

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Suite, Apt. #, etc.		Suite, Apt. #, etc.		08202007 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number 20-2476720	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WOOD, BRADLEY J ESQ. 2639 DR. M.L. KING STREET NORTH ST. PETERSBURG, FL 33704				Name Wood, Bradley J., Esquire Street Address (P.O. Box Number is Not Acceptable) 600 First Avenue North, Suite 302 City St. Petersburg FL Zip Code 33701	
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