


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000034451 1. Entity Name VIA VENICE, LLC	
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Principal Place of Business 4804 JACARANDA HEIGHTS DRIVE VENICE, FL 32493	Mailing Address 4804 JACARANDA HEIGHTS DRIVE VENICE, FL 32493
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04182007 No Chg-LLC

CR2E083 (11/05)

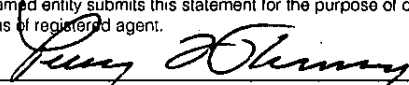
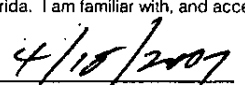
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4. FEI Number 65-1247889	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SHIPPY, TERRY L 4804 JACARANDA HEIGHTS DRIVE VENICE, FL 34293
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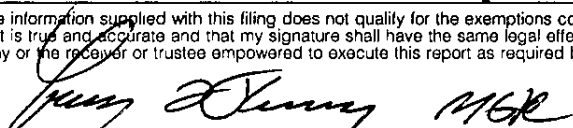
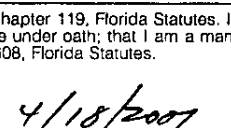
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  MGR	DATE 
<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2007	U00000724190 05/02/07-80102-004 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHIPPY, TERRY L 4804 JACARANDA HEIGHTS DRIVE VENICE, FL 32493
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELL, WANDA S 408 CERROMOR CIRCLE #136 VENICE, FL 32493
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  MGR	DATE  (941) 497-4282
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>