### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L05000045654

1. Entity Name

WE REAL ESTATE VENTURES, LLC



FILED Feb 07, 2008 08:00 AN Secretary of State

Principal Place of Business

4622 SEA GRAPE DRIVE

LAUDERDALE BY THE SEA, FL 33308

Mailing Address

4622 SEA GRAPE DRIVE

LAUDERDALE BY THE SEA, FL 33308



### DO NOT WRITE IN THIS SPACE

01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2832841 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MASLANKA, EDWARD 4622 SEA GRAPE DRIVE LAUDERDALE BY THE SEA, FL 33308

## DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstating)

20608

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME .	MASLANKA, EDWARD	
STREET ADDRESS	4622 SEA GRAPE DRIVE	
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33308	
TITLE	MGRM	
NAME	ARIBU, WILLIAM	
STREET ADDRESS	4622 SEA GRAPE DRIVE	
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33308	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filling does not qualify for the ex		

U00000819842 02/18/08-80004-013 138.75

# DO NOT WRITE IN THIS SPACE

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-7eb08

Date

Daytime Phone #