


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # L05000053374**

1. Entity Name  
**US GULF VENTURES LLC**



Principal Place of Business <b>501 BRICKELL KEY DRIVE          SUITE 506          MIAMI, FL 33131</b>	Mailing Address <b>501 BRICKELL KEY DRIVE          SUITE 506          MIAMI, FL 33131</b>
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**DO NOT WRITE IN THIS SPACE**



04162007No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5:00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHLESINGER, MICHAEL J ESQ.  
 501 BRICKELL KEY DRIVE  
 SUITE 506  
 MIAMI, FL 33131**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

U00000719459  
 05/01/07-80064-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SCHLESINGER, MICHAEL J ESQ. 501 BRICKELL KEY DRIVE MIAMI, FL 33131
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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:**  **MICHAEL J. SCHLESINGER** 4/10/2007 (305) 873 8993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

**Michael J. Schlesinger**