

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 JUL 12 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000059359	
1. Entity Name VEN2005, L.L.C.	

Principal Place of Business 2655 LEJEUNE ROAD, #507 CORAL GABLES, FL 33134	Mailing Address 2655 LEJEUNE ROAD, #507 CORAL GABLES, FL 33134	BK
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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



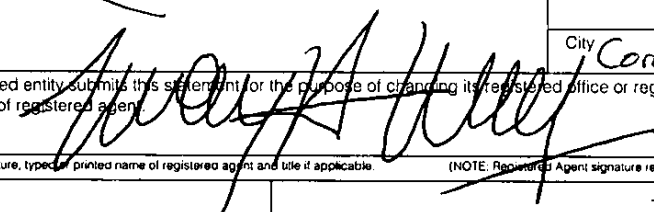
07032007 Chg-LLC CR2E083 (12/06)

4. FEI Number 84-1685159	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FIDINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132
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7. Name and Address of New Registered Agent Name Juan Vicente Urdaneta Street Address (P.O. Box Number is Not Acceptable) 2655 Lejeune Road # 507 City Coral Gables, FL Zip Code 33134
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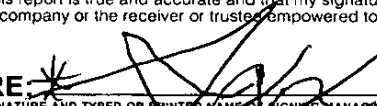
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	SIGNATURE * 	DATE 7-4-07
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Filing Fee is \$50.00 Due by September 14, 2007	BK	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASCARANO INDOORATO, GIUSEPPE 2655 LEJEUNE ROAD, #507 CORAL GABLES, FL 33134 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASCARANO DI TURI, FRANCISCO 2655 LEJEUNE ROAD, #507 CORAL GABLES, FL 33134 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOLINARI VALDISERRO, STEFANO A 2655 LEJEUNE ROAD, #507 CORAL GABLES, FL 33134 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSSETTI DIPIETRO, VICENTE A 2655 LEJEUNE ROAD, #507 CORAL GABLES, FL 33134 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARGAS AGUIRRE, JUAN C 2655 LEJEUNE ROAD, #507 CORAL GABLES, FL 33134 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSSETTI DIPIETRO, VINCENZO 2655 LEJEUNE ROAD, #507 CORAL GABLES, FL 33134 ☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500106503855 07/20/07--01036--017 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 * 	DATE 7-4-07	Daytime Phone # 305 728-1319
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