

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059359

Entity Name: VEN2005, L.L.C.

FILED
Feb 16, 2012
Secretary of State

Current Principal Place of Business:

999 PONCE DE LEON BLVD STE 625
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

999 PONCE DE LEON BLVD STE 625
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 84-1685159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARAH, CARLOS M CPA
999 PONCE DE LEON BLVD STE 625
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: CASCARANO INDORATO, GIUSEPPE
Address: 2655 LEJEUNE ROAD, #507
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: CASCARANO DI TURI, FRANCISCO
Address: 2655 LEJEUNE ROAD, #507
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: MOLINARI VALDISERRO, STEFANO A
Address: 2655 LEJEUNE ROAD, #507
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: ROSSETTI DIPIETRO, VICENTE A
Address: 2655 LEJEUNE ROAD, #507
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: VARGAS AGUIRRE, JUAN C
Address: 2655 LEJEUNE ROAD, #507
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR
Name: ROSSETTI DIPIETRO, VINCENZO
Address: 2655 LEJEUNE ROAD, #507
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: GIUSEPPE CASCARANO INDORATO

MGR

02/16/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date