2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093431

MEDLEY, FL 33176

City-St-Zip:

Entity Name: VENUS 122, LLC

FILED Feb 22, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7834 NW 116TH AVENUE MEDLEY, FL 33178 **Current Mailing Address: New Mailing Address:** 7834 NW 116TH AVENUE MEDLEY, FL 33178 FEI Number: 20-3522194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONSULTING SERVICES OF SOUTH FLORIDA, INC. 2121 PONCE DE LEON BLVD., SUITE 1050 CORAL GABLES, FL 33134 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ROBAYO, EDUARDO Name: Name: 2121 PONCE DE LEON BLVD. SUITE 1050 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ROBAYO, CAMILO Name: Name: Address: 2121 PONCE DE LEON BLVD, SUITE 1050 Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ROBAYO, ADRIANA Name: Name: 2121 PONCE DE LEON BLVD. SUITE 1050 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: () Delete Title: MGRM Title: () Change () Addition Name: GONZALEZ, JAIRO Name: 2121 PONCE DE LEON BLVD. SUITE 1050 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ROBAYO, LUIS CARLOS Name: Name: 2121 PONCE DE LEON BLVD. SUITE 1050 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: () Delete Title: MGRM (X) Change () Addition MONTAÑA, FERNANDO MONTANA, FERNANDO Name: Name: Address: 7834 NW 116 AVE Address: 7834 NW 116 AVE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

City-St-Zip:

MEDLEY, FL 33176

SIGNATURE: FERNANDO MONTAÑA MGRM 02/22/2008