

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094249

FILED
Jan 04, 2006
Secretary of State

Entity Name: WOODRUFF COMMERCIAL REALTY VENETIAN PLAZA, LLC

Current Principal Place of Business:

204 COURTSIDE DRIVE
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

204 COURTSIDE DRIVE
NAPLES, FL 34105

New Mailing Address:

FEI Number: 20-3563894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICI, JAMES R
% COX & NICI
1185 IMMOKALEE ROAD, SUITE 110
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

NICI, JAMES R ESQ.
C/O COX & NICI
1185 IMMOKALEE ROAD, SUITE 110
NAPLES, FL 34110 US

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: JAMES R. NICI

01/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SONNE, JONATHAN E
Address: 204 COURTSIDE DRIVE
City-St-Zip: NAPLES, FL 34105

Title: MGRM () Delete
Name: LAMBERT, REBECCA W
Address: 204 COURTSIDE DRIVE
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SONNE, JONATHAN E
Address: 204 COURTSIDE DRIVE
City-St-Zip: NAPLES, FL 34105

Title: MGR (X) Change () Addition
Name: LAMBERT, REBECCA W
Address: 204 COURTSIDE DRIVE
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: JONATHAN E. SONNE

MGR

01/04/2006

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