

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094249

FILED
Jan 06, 2007
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:

204 COURTSIDE DRIVE
NAPLES, FL 34105 US

Current Mailing Address:

204 COURTSIDE DRIVE
NAPLES, FL 34105

New Mailing Address:

204 COURTSIDE DRIVE
NAPLES, FL 34105 US

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 ESQ.
C/O COX & NICI
1185 IMMOKALEE ROAD, SUITE 110
NAPLES, FL 34110 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 () Delete
Name: SONNE, JONATHAN E
Address: 204 COURTSIDE DRIVE
City-St-Zip: NAPLES, FL 34105

Title: MGR () 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 US

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

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 SONNE

MGR

01/06/2007

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