2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000099500

1. Entity Name

PACHOTA MANASOTA VENTURE, L.L.C.



FILED Jan 31, 2008 08:00 AN Secretary of State

Principal Place of Business

Malling Address

213 THE ESPLANADE VENICE, FL 34285 213 THE ESPLANADE VENICE, FL 34285



01172008No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	20-3599189

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

PACHOTA, MICHAEL V 213 THE ESPLANADE VENICE, FL 34285

DO NOT WRITE IN THIS SPACE

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 lamillar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida.	ept
	the obligations of registered agent.	
O1	CNATI IDE	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGRM PACHOTA, MICHAEL V 213 THE ESPLANADE VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000808100 . 02/07/08-80036-001 138.75

DO NOT WRITE IN THIS SPACE

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 of legisless empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

122/08

941+484+7362

Daytime Phone i