



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000113178 1. Entity Name THE VENETIAN AT HOLLYWOOD HILLS, LLC	
---	---

Principal Place of Business 10139 NW 31ST STREET SUITE #102 CORAL SPRINGS, FL 33065	Mailing Address 10139 NW 31ST STREET SUITE #102 CORAL SPRINGS, FL 33065
---	---

DO NOT WRITE IN THIS SPACE



01072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3852326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**NATHANSON, ERIC
10139 NW 31ST STREET
SUITE #102
CORAL SPRINGS, FL 33060-5**

**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 familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature (Typed or printed name of registered agent and title if applicable) DATE _____

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

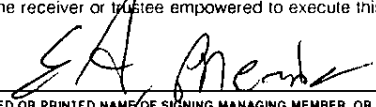
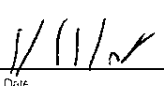
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NATHANSON, ERIC 10139 NW 31ST STREET, SUITE 102 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GROSSER, ZAK 3585 NW 31ST AVENUE OAKLAND PARK, FL 33309
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	

U00000787189
01/17/08-80072-018 138.75

**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 or trustee 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 Date _____ Daytime Phone _____