

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011227

Entity Name: VENTURE 413, LLC

FILED  
May 08, 2008  
Secretary of State

**Current Principal Place of Business:**

1820 NORTH CORPORATE LAKES BLVD., STE 207  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

1820 NORTH CORPORATE LAKES BLVD., STE 207  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 20-8685369      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TORREALBA, AQUILES  
1820 NORTH CORPORATE LAKES BLVD., STE 207  
WESTON, FL 33326      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: JUAN SALVADOR COLATR, ULIO  
Address: 1820 NORTH CORPORATE LAKES BLVD., STE 207  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: COLATRUGLIO, JUAN  
Address: 1820 NORTH CORPORATE LAKES BLVD., STE 207  
City-St-Zip: WESTON, FL 33326

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.

SIGNATURE: JUAN COLATRUGLIO

MGR

05/08/2008

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