


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000013148
 1. Entity Name
VENETO SHORES DEVELOPMENT, LLC



Principal Place of Business 6625 DOLPHIN COVE DRIVE APOLLO BEACH, FL 33572	Mailing Address 6625 DOLPHIN COVE DRIVE APOLLO BEACH, FL 33572
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DO NOT WRITE IN THIS SPACE



03272008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4325875	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
 TILLMAN, THOMAS M SR.
 6625 DOLPHIN COVE DRIVE
 APOLLO BEACH, FL 33572

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

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

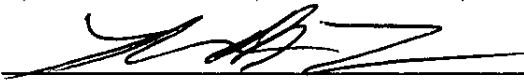
04/11/08-80095-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TILLMAN & ASSOCIATES, INC. 6625 DOLPHIN COVE DRIVE APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARENAS & ASSOCIATES, INC. 1614 MAGDALENE MANOR DRIVE TAMPA, FL 33613
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  3/28/08 813-230-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #