2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 29, 2007 8:00 am
Secretary of State
05-29-2007 90286 047 ****50.00

DOCUMENT # L06000025693

1. Entity Name
1276 VENETIAN, LC

Principal Place of Business
1276 S. VENETIAN WAY
MIAMI FL 33139

Mailing Address
1276 S. VENETIAN WAY
MIAMI FL 33139

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
PO BOX 190924

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI Beach - FL

4. FEI Number
20-4503816
☐ Applied For
☐ Not Applicable

Zip | Country

Zip 33119 | Country USA

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MELAND, MARK S ESQ
3000 WACHOVIA FINANCIAL CENTER
200 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name VIRGINIA DOMINGUEZ

Street Address (P.O. Box Number is Not Acceptable)
1413 N VENETIAN WAY

City MIAMI FL Zip Code 33139

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 Virginia Dominguez Feb 20/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOMINGUEZ, LUIS 1276 S. VENETIAN WAY → MIAMI FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOMINGUEZ, LUIS 1413 N VENETIAN WAY MIAMI FL 33139 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOMINGUEZ, VIRGINIA 1413 N VENETIAN WAY MIAMI FL 33139 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Virginia Dominguez Feb 20/2007 (305)374-0607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #