

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		
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	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33119		Country USA		Applied For Not Applicable	
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: <i>Virginia Dominguez</i>			DATE: Feb 20/2007		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: registered Agent signature required when reinstating)			DATE		
<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007</p>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOMINGUEZ, LUIS 1276 S. VENETIAN WAY → MIAMI FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOMINGUEZ, LUIS 1413 N VENETIAN WAY MIAMI FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOMINGUEZ, VIRGINIA 1413 N VENETIAN WAY MIAMI FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Virginia Dominguez</i>			DATE: Feb 20/2007 (305) 374-0607		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		