

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025693

Entity Name: 1276 VENETIAN, LC

FILED  
Feb 14, 2009  
Secretary of State

## Current Principal Place of Business:

1276 S. VENETIAN WAY  
MIAMI, FL 33139

## New Principal Place of Business:

1413 N. VENETIAN WAY  
MIAMI, FL 33139 US

## Current Mailing Address:

PO BOX 190924  
MIAMI BEACH, FL 33119

## New Mailing Address:

PO BOX 190924  
MIAMI BEACH, FL 33119 US

FEI Number: 20-4503816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOMINGUEZ, VIRGINIA  
1413 N VENETIAN WAY  
MIAMI, FL 33139 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: MGRM ( ) Delete  
Name: DOMINGUEZ, LUIS  
Address: 1413 N. VENETIAN WAY  
City-St-Zip: MIAMI, FL 33139

Title: MGRM ( ) Delete  
Name: DOMINGUEZ, VIRGINIA  
Address: 1413 N. VENETIAN WAY  
City-St-Zip: MIAMI, FL 33139

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DOMINGUEZ, LUIS  
Address: 1413 N. VENETIAN WAY  
City-St-Zip: MIAMI, FL 33139 US

Title: MGRM (X) Change ( ) Addition  
Name: DOMINGUEZ, VIRGINIA  
Address: 1413 N. VENETIAN WAY  
City-St-Zip: MIAMI, FL 33139 US

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: VIRGINIA DOMINGUEZ

MGRM

02/14/2009

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