

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000045925

**FILED**  
**Jun 05, 2009**  
**Secretary of State****Entity Name:** VENETIAN OFFICE PARTNERS, LLC**Current Principal Place of Business:**2235 VENETIAN COURT  
STE #5  
NAPLES, FL 34109**New Principal Place of Business:****Current Mailing Address:**2235 VENETIAN COURT  
STE #5  
NAPLES, FL 34109**New Mailing Address:****FEI Number:** 20-4803454**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SCHIFFMAN, ALAN T  
2235 VENETIAN COURT  
STE #5  
NAPLES, FL 34109 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: CROSS, WILLIAM P  
Address: 2235 VENETIAN COURT #5  
City-St-Zip: NAPLES, FL 34109Title: MGR ( ) Delete  
Name: SCHIFFMAN, ALAN T  
Address: 2235 VENETIAN COURT #5  
City-St-Zip: NAPLES, FL 34109Title: VP (X) Delete  
Name: BRENNAN, ANNETTE N  
Address: 2235 VENETIAN CT. #5  
City-St-Zip: NAPLES, FL 34109**ADDITIONS/CHANGES:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALAN T. SCHIFFMAN

MRG

06/05/2009

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