


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000091146</b> 1. Entity Name VENETIA LAND, L.L.C.	
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Principal Place of Business 4141 SOUTHPOINT DR. E., SUITE B JACKSONVILLE, FL 32216	Mailing Address 4141 SOUTHPOINT DR. E., SUITE B JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE

01282008No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-5525309	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SILVERFIELD, GARY D  
 4141 SOUTHPOINT DR. E., SUITE B  
 JACKSONVILLE, FL 32216

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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

9. MANAGING MEMBERS/MANAGERS	
TITLE	PS
NAME	SILVERFIELD, GARY D
STREET ADDRESS	4141 SOUTHPOINT DR EAST SUITE B
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	VPS
NAME	BREEDING, HELEN
STREET ADDRESS	4141 SOUTHPOINT DR EAST SUITE B
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	ASVP
NAME	SILVERFIELD, LEED
STREET ADDRESS	4141 SOUTHPOINT DR EAST SUITE B
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	ASVP
NAME	CRANFORD, JAMES A
STREET ADDRESS	4141 SOUTHPOINT DR EAST SUITE B
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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L06000091146  
04/17/08-80039-002 138.75

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: *Gary D Silverfield* 4/2/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #