

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L06000091146

1. Entity Name
VENETIA LAND, L.L.C.



Principal Place of Business
4141 SOUTHPOINT DR. E., SUITE B
JACKSONVILLE, FL 32216

Mailing Address
4141 SOUTHPOINT DR. E., SUITE B
JACKSONVILLE, FL 32216



01282008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5525309	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #