

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091146

FILED  
Mar 28, 2011  
Secretary of State

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

**Current Principal Place of Business:**

10175 FORTUNE PARKWAY  
SUITE 1005  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

10175 FORTUNE PARKWAY  
SUITE 1005  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

FEI Number: 20-5525309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SILVERFIELD, GARY D  
10175 FORTUNE PARKWAY, SUITE 1005  
JACKSONVILLE, FL 32256 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  
Name: SILVERFIELD DEVELOPMENT COMPANY  
Address: 10175 FORTUNE PARKWAY, SUITE 1005  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: PS  
Name: SILVERFIELD, GARY D  
Address: 10175 FORTUNE PARKWAY, SUITE 1005  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VPT  
Name: SILVERFIELD, LEED  
Address: 10175 FORTUNE PARKWAY, SUITE 1005  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VPAT  
Name: CRANFORD, JAMES A  
Address: 10175 FORTUNE PARKWAY, SUITE 1005  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VPS  
Name: BREEDING, HELEN  
Address: 10175 FORTUNE PARKWAY, SUITE 1005  
City-St-Zip: JACKSONVILLE, FL 32256 US

I hereby 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: GARY D. SILVERFIELD

PS

03/28/2011

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