

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023866

FILED
May 02, 2008
Secretary of State

Entity Name: VENTURE PROPERTIES UNLIMITED LLC

Current Principal Place of Business:

1973 SW BEEKMAN ST.
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1973 SW BEEKMAN ST.
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 35-2291730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SETTIPANI ENTERPRISES INC.
1973 SW BEEKMAN ST.
PORT ST LUCIE, FL 34953 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: DONLINGER, JAMES C
Address: 1982 BOLTON AVE.
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: MGRM () Delete
Name: SETTIPANI ENTERPRISE, S INC.
Address: 1973 SW BEEKMAN ST.
City-St-Zip: PORT ST LUCIE, FL 34953 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DONLINGER, JAMES C
Address: 2513 SE MORNINGSIDE BLVD
City-St-Zip: PORT ST LUCIE, FL 34952 US

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: STEVEN SETTIPANI

MGM

05/02/2008

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