

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90064 001 \*\*\*138.75

<b>DOCUMENT # L07000046500</b> 1. Entity Name <b>FIRST VENTURE-FLORIDA, LLC</b>					
Principal Place of Business <b>1300 NORTH FEDERAL HIGHWAY, STE. 110 BOCA RATON, FL 33432</b>			Mailing Address <b>1300 NORTH FEDERAL HIGHWAY, STE. 110 BOCA RATON, FL 33432</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		<div style="text-align: center;"> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>01312008    Chg-LLC    CR2E083 (12/06)</span> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>             4. FEI Number               5. Certificate of Status Desired    <input type="checkbox"/> \$5.00 Additional Fee Required           </div> <div style="border: 1px solid black; padding: 2px; font-size: x-small;"> <input checked="" type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable           </div> </div>	
6. Name and Address of Current Registered Agent  <b>PAINTER, JAMES M ESQ. 1300 NORTH FEDERAL HIGHWAY, STE. 110 BOCA RATON, FL 33432</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>PAINTER, JAMES M</b> <b>1300 NORTH FEDERAL HIGHWAY, STE. 110</b> <b>BOCA RATON, FL 33432</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			MANAGER      01-31-2008      561-368-7775		
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date      Daytime Phone #		