

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049848

FILED  
May 01, 2009  
Secretary of State

Entity Name: VENETIAN FINANCE GROUP, LLC

**Current Principal Place of Business:**

1111 AVENIDA DEL CIRCO  
VENICE, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

1111 AVENIDA DEL CIRCO  
VENICE, FL 34285

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
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:**

SHANNON, TREADWAY  
1023 MANATEE AVE W  
BRADENTON, FL 34205 US

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

SHANNON, TREADWAY  
1111 AVENIDA DEL CIRCO  
VENICE, FL 34285 US

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: SHANNON A TREADWAY

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TREADWAY, ALYSON  
Address: 177 PORTOFINO DR  
City-St-Zip: NORTH VENICE, FL 34275

Title: MGRM ( ) Delete  
Name: NISBERG, MEGAN  
Address: 206 PORTOFINO DR  
City-St-Zip: NORTH VENICE, FL 34275

Title: MGRM ( ) Delete  
Name: WASSERMAN, GABRIEL  
Address: 6811 COOPERS HAWK CT  
City-St-Zip: BRADENTON, FL 34202

Title: MGRM ( ) Delete  
Name: WASSERMAN, JUSTIN  
Address: 605 CORNWELL ON THE GULF  
City-St-Zip: VENICE, FL 34285

Title: MGRM ( ) Delete  
Name: WASSERMAN, HANNAH  
Address: 900 SUNSET DR.  
City-St-Zip: VENICE, FL 34285

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALYSON TREADWAY

MGRM

05/01/2009

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