

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098983

FILED
Mar 30, 2009
Secretary of State

Entity Name: VICTORIA PARK VENTURE LLC

Current Principal Place of Business:

18851 NE 29TH AVE SUITE 406
AVENTURA, FL 33180

New Principal Place of Business:

421 NORTHWEST 110 AVENUE
PLANTATION,, FL 33324 US

Current Mailing Address:

18851 NE 29TH AVE SUITE 406
AVENTURA, FL 33180

New Mailing Address:

421 NORTHWEST 110 AVENUE
PLANTATION,, FL 33324 US

FEI Number: 80-0303860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, REUBEN M
18851 NE 29TH AVE SUITE 406
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

SCHNEIDER, WALTER B
421 NORTHWEST 110 AVENUE
PLANTATION, FL 33324 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: WALTER SCHNEIDER

03/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OMSKY, ALAN
Address: 21107 NE 38TH AVE 75
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: SCHNEIDER, WALTER B
Address: 421 NW 110TH AVE
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OMSKY, ALAN B
Address: 21107 NE 38TH AVE 75
City-St-Zip: AVENTURA, FL 33180 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: WALTER SCHNEIDER

MGRM

03/30/2009

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