

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000108590

Entity Name: SE FLORIDA VENTURES, LLC

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

772 US HIGHWAY ONE  
SUITE 200  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

772 US HIGHWAY ONE  
SUITE 200  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: 45-1738620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FUOCO, LOU  
772 US HIGHWA ONE  
SUITE 200  
NORTH PALM BEACH, FL 33408 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  
Name: FUOCO, LOU J  
Address: 772 US HWY ONE, SUITE 200  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM  
Name: FERRARA, VINNY  
Address: 772 US HWY ONE, SUITE 200  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM  
Name: BOTTICELLI, GIULIANI  
Address: 772 US HWY ONE, SUITE 200  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM  
Name: LONGOBARDI, RICH  
Address: 772 US HWY ONE, SUITE 200  
City-St-Zip: NORTH PALM BEACH, FL 33408

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: LOU J. FUOCO

MGRM

04/22/2011

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