


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2004 08:00
Secretary of State

DOCUMENT # L95000000767 1. Entity Name VENETIA CENTER, L.C.	
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Principal Place of Business 555 N.E. 15TH STREET SUITE 100 MIAMI, FL 33132	Mailing Address 555 N.E. 15TH STREET SUITE 100 MIAMI, FL 33132
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DO NOT WRITE IN THIS SPACE



03222004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0613325	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZARETSKY, LOUIS D
555 N.E. 15TH STREET
SUITE 100
MIAMI, FL 33132

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when retaking) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**


000000005574
03/24/04-80039-007 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RITTER, JOHN A 555 N.E. 15TH STREET, SUITE 100 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ZARETSKY, LOUIS D 555 N.E. 15TH STREET, SUITE 100 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **2/22/04** **305-372-0933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #