


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90030 001 \*\*\*\*50.00

<b>DOCUMENT # L98000000326</b> 1. Entity Name <b>COMMERCIAL PROPERTIES OF VENICE, L.C.</b>					
Principal Place of Business <b>1532 US 41 BY PASS, STE 265 VENICE, FL 34293</b>			Mailing Address <b>1532 US 41 BY PASS, STE 265 VENICE, FL 34293</b>		
2. Principal Place of Business <b>251 TAMIAHI TRL. S.</b> Suite, Apt. #, etc.		3. Mailing Address <b>251 TAMIAHI TRL. S.</b> Suite, Apt. #, etc.			
City & State <b>VENICE, FL</b>		City & State <b>VENICE, FL</b>		4. FEI Number <b>65-0819570</b>	
Zip <b>34285</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BURNHAM, ALICE 1532 US 41 BY PASS SUITE 265 VENICE, FL 34293</b>				7. Name and Address of New Registered Agent Name <b>BURNHAM, ALICE</b> Street Address (P.O. Box Number is Not Acceptable) <b>251 TAMIAHI TRL. S.</b> City <b>VENICE</b> <b>FL</b> Zip Code <b>34285</b>	
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 re-registering) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURNHAM, ALICE 1532 US HWY 41 BY PASS VENICE, FL 34293		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	
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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u><i>Alice Burnham</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>5/3/05</u> <small>Date</small>		<u>941-584-5000</u> <small>Daytime Phone #</small>