

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L98000001595

1. Entity Name
VENTURE MORTGAGE ADVISORS, L.C.



Principal Place of Business
**2199 PONCE DE LEON BLVD., SUITE 301
CORAL GABLES, FL 33134**

Mailing Address
**3125 JACKSON AVE.
MIAMI, FL 33133**



03192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0859889

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STINSON, LOUIS JR., ESQ
RIVIERA PROFESSIONAL BUILDING
4675 PONCE DE LEON BLVD., SUITE 305
CORAL GABLES, FL 33146**

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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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROUSE, THOMAS C
STREET ADDRESS	2199 PONCE DE LEON BLVD., SUITE 301
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	MGRM
NAME	BROWN, TRACEY S
STREET ADDRESS	2199 PONCE DE LEON BLVD., SUITE 301
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/03/07-80005-014 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Thomas Rouse*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/22/07

Date

305-7759843

Daytime Phone #