## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Jan 12, 2004 8:00 am Secretary of State

DOCUMENT # L9800002801  1. Entity Name VENRA MANAGEMENT, LLC					01-12-2004 90130 050 ****50.00					
VENEVA W	MINAGENIEN I, LLC	Pres in			• .					
Principal Place	e of Business	Mailing Address				9.4	naama	. <b>83</b> - 10		
1157, S.R. #7/U.S. 441		1157, S.R. #7/U.S. 441				24	00070	2		
WELLINGTON,	, FL 33414	- WELLINGTON, FL 3341	14		. , , ,			• •	-	
2. Principal Pl	ace of Business	3. Mailing Address							TÉ III III	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052004	01052004 Chg-LLC CR2E083 (10/03)				
City & State		City & State			4. FEI Number 65-0881095				plied For t Applicable	
Zip	Country	Zip Coun		ry	Certificate of Status Desired		\$5.00 Additional Fee Required			
-	6. Name and Address of Curren	t Registered Agent	 	<u>ا</u> <u>د د سومانی</u>	–7. Name and ≀	Address of New F		•		
TOIDEDANIENI IZDIOLINA				Name						
	iENI, KRISHNA #7/U.S. 441		Street Addres			s (P.O. Box Number is Not Acceptable)				
	ΓON, FL 33414				•					
ż		City ·					FL	Zip Code	•	
	named entity submits this statement	for the purpose of changing its	registere	d office or register	ed agent, or both	n, in the State of Flo	orida. I am far	niliar with,	and accept	
the obligati	ions of registered agent.				1					
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if applicable (NOT	E: Registered	d Agent signature required	when reinstating)		DATE			
4	*	•		1					Aug.	
Di	ling Fee is \$50.00 ue by May 1, 2004					Mak Florid	re check pay a Departmen	able to . it of State		
9. ~	MANAGING MEME	BERS/MANAGERS	10.	1	J	ADDITIONS				
TITLE	MGR TRIPURANENI, KRISHNA	☐ Delete	TITLE				[	) Change	☐ Addition	
STREET ADDRESS	1157, S.R. #7/U.S. 441			ET ADDRESS						
CITY-ST-ZIP	WELLINGTON, FL 33414	1 27276	CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE				ŀ	Change	Addition	
NAME Street Address		·	NAM! STRE	ET ADDRESS						
CITY-ST-ZIP	<u>.</u>		СПУ	-ST-ZIP						
TITLE .		Delete	TITLE	li li			Ī	Change	Addition	
- NAME STREET ADDRESS		والمستهدد والمراجعها المتعارف	, NAMI STRE	ET ADDRESS	سست در آن 🖚	د.ب عن −: ا	e	_ 7.\$T	****	
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE	E			- 1	☐ Change	Addition	
NAME			NAM	E ET ADDRESS						
STREET ADDRESS		•		-ST-ZIP						
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NAME			NAM	1						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST - ZIP					i	
TITLE		□ Delete	TITL	E	. <u>.</u>			☐ Change	Addition	
NAME			NAM							
STREET ADDRESS				ET ADDRESS '-ST-ZIP				•	ļ	
CITY-ST-ZIP	certify that the information supplied w	ith this filing does not qualify for	or the eve	motion stated in Se	ection 119.07(3)(	i), Florida Statutes.	. I further certif	ly that the ir	nformation	
	certify that the information supplied w don this report is true and accurate a ability company or the receiver or trus						iging member	or manage	er of the	
intinco ne		01.1	-						•	
SIGNAT	rure· /) /	mply				1.7.0.	4			
JIGIYAI	SIGNATURE AND TYPED OR PRINTED NAME	E OF SIGNING MANAGING MEMBER, M.	ANAGER, OF	AUTHORIZED REPRESE	ENTATIVE	Date	Da)	time Phone #		