

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000521

FILED
May 01, 2006
Secretary of State

Entity Name: VENTURE FUND MANAGEMENT LLC

Current Principal Place of Business:

205 WORTH AVE.,
SUITE 317
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2753
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-3577337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROSS, THOMAS
205 WORTH AVE.,
317
PALM BEACH, FL 33480 US

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: MGR () Delete
Name: ROSS, THOMAS
Address: 205 WORTH AVE., #317
City-St-Zip: PALM BEACH, FL 33480

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: REID, STEPHEN C
Address: 205 WORTH AVE. SUITE 317
City-St-Zip: PALM BEACH, FL 33480

Title: VP () Change (X) Addition
Name: FRADE, MICHAEL
Address: 205 WORTH AVE., SUITE 317
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: THOMAS H. ROSS

MGRM

05/01/2006

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