

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90610 045 \*\*\*\*50.00

**DOCUMENT # L99000004836**

1. Entity Name

7301 VENTURE HOLDINGS, L.C.

Principal Place of Business

641 SENECA ROAD  
GREAT FALLS VA 22066

Mailing Address

641 SENECA ROAD  
GREAT FALLS VA 22066

B0054905



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5630 N. BAY RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

MIAMI BEACH FL.

Zip

Country

Zip

Country

33140

4. FEI Number

65-0954171

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANNAN, DAVID F  
7301 N.W. 4TH STREET, SUITE 102  
PLANTATION FL 33317-2234

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-18-02

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PATRON, ROBERT F ESQ.  
641 SENECA ROAD  
GREAT FALLS VA 22066 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
5630 N. BAY RD.  
MIAMI BEACH, FL. 33140 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE:

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

Date

Daytime Phone #

3-18-02

305-868-1974

CR2E083 (9/01)