


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90180 045 \*\*\*\*55.00

**DOCUMENT # M01000001592**

1. Entity Name  
**FLORIDA CITY VENTURES, LLC**




Principal Place of Business      Mailing Address  
**30575 BAINBRIDGE ROAD**      **30575 BAINBRIDGE ROAD**  
**SUITE 100**      **SUITE 100**  
**SOLO, OH 44139 US**      **SOLO, OH 44139 US**

2. Principal Place of Business      3. Mailing Address  
**717 LAYNE BLVD.**      **717 LAYNE BLVD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**HALLANDALE, FL.**      **HALLANDALE, FL.**  
 Zip      Country      Zip      Country  
**33009**      **BROWARD**      **33009**      **BROWARD**

03272006    Chg-LLC    CR2E083 (11/05)



6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

4. FEI Number      Applied For  
**34-1963897**      Not Applicable

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

7. Name and Address of New Registered Agent  
 Name      **ROBERT SELZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**717 LAYNE BLVD**  
 City      **HALLANDALE**      **FL**      Zip Code      **33009**

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      *Robert Selz*      **ROBERT SELZ**      DATE      **3/28/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2006**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGILL, JOHN R 30575 BAINBRIDGE ROAD SUITE 100 SOLO, OH 44139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT SELZ 717 LAYNE BLVD HALLANDALE, FL. 33009 <input checked="" 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	MGR JUDITH SELZ 717 LAYNE BLVD HALLANDALE, FL. 33009 <input type="checkbox"/> Change <input checked="" 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 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:**      *Robert Selz*      **ROBERT SELZ MGRM**      **3/28/06 (954) 454-5568**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #