


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # M01000001592 1. Entity Name FLORIDA CITY VENTURES, LLC	
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Principal Place of Business 717 LAYNE BLVD. HALLANDALE, FL 33009 US	Mailing Address 717 LAYNE BLVD. HALLANDALE, FL 33009 US
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03262007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1963897	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SELTZ, ROBERT
 717 LAYNE BLVD.
 HALLANDALE, FL 33009

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SELZ, ROBERT 717 LAYNE BLVD. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SELZ, JUDITH 717 LAYNE BLVD. HALLANDALE, FL 33009
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 04/20/07-80099-025 50.00

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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 3/28/07 (954) 454-5568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #