

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004208

FILED
May 02, 2007
Secretary of State

Entity Name: FLORIDA GULF VENTURE LLC

Current Principal Place of Business:

101 EAST KENNEDY BLVD., SUITE 3450
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

101 EAST KENNEDY BLVD., SUITE 3450
TAMPA, FL 33602

New Mailing Address:

FEI Number: 41-2211816 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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: RYLAN LLC,
Address: 50 SOUTH TENTH STREET, SUITE 300
City-St-Zip: TAMPA, FL 33602

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RYLAN LLC,
Address: 50 SOUTH TENTH STREET, SUITE 300
City-St-Zip: MINNEAPOLIS, MN 55403 US

Title: MGRM () Change (X) Addition
Name: RYAN COMPANIES US, I, NC.
Address: 50 SOUTH TENTH STREET, SUITE 300
City-St-Zip: MINNEAPOLIS, MN 55403 US

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY M. GRAY

VP

05/02/2007

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