

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004880

Entity Name: EMERICHIP VENICE LLC

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

3131 ELLIOTT, #500  
SEATTLE, WA 98121

**New Principal Place of Business:**

3131 ELLIOTT AVENUE, SUITE 500  
SEATTLE, WA 98121

**Current Mailing Address:**

3131 ELLIOTT, #500  
SEATTLE, WA 98121

**New Mailing Address:**

3131 ELLIOTT AVENUE, SUITE 500  
SEATTLE, WA 98121

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: EMERITUS CORPORATION  
Address: 3131 ELLIOTT, #500  
City-St-Zip: SEATTLE, WA 98121

Title: MGR (X) Delete  
Name: AMPARO, BUDGIE VP  
Address: 3131 ELLIOTT, #500  
City-St-Zip: SEATTLE, WA 98121

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: EMERITUS CORPORATION  
Address: 3131 ELLIOTT AVENUE, SUITE 500  
City-St-Zip: SEATTLE, WA 98121

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

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: ERIC MENDELSON

SVP

04/28/2009

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