CORPORATION for PROFIT

~~2003 LIMITED LIABILITY COMPANY~~ UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000091317

1. Entity Name

VENETIAN ISLE DEVELOPMENT CORP.

FILED

03 AUG 18 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
11007 N 56th Street Ste 206 Tampa, FL 33617	~~11007 N 56th St, Ste 206 Tampa Tampa, FL 33614~~
2. Principal Place of Business	3. Mailing Address PO Box 292531
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Tampa, FL	City & State Tampa, FL
Zip 33617 Country USA	Zip 33687 Country USA

[redacted]

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number #01-0587991 ☐ 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
GIOMBETTI, THOMAS A 13106 N. Florida Avenue #104 Tampa, FL 33613	Name Street Address (P.O. Box Number is Not Acceptable) 11007 N 56th Street, Suite 206 City Tampa FL Zip Code 33617

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 [signature] DATE 5/1/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS ~~$60.00~~ $150
Make Check Payable to Florida Department of State
Due By May 1, 2003

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06/31/03--01002--013 **261.25

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President & DIRECTOR Robert D. Duzinske PO Box 292531 TAMPA, FL 33687	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT & Director RANDALL L. ZIETH PO Box 292531 TAMPA, FL 33687	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec, Treas., & Director Thomas A. Giombetti PO Box 292 6531 TAMPA, FL 33687	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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] Registered agent 5/1/03

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