


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000023099 1. Entity Name VENICE CENTER ASSOCIATES II, INC.	
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Principal Place of Business 2800 KENNEDY DRIVE VENICE, FL 34292	Mailing Address 2800 KENNEDY DRIVE VENICE, FL 34292
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03042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0753324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, PAMELA
 2800 KENNEDY DR
 VENICE, FL 34293

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U000000878930
04/15/08-80002-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BRADY, RICHARD W
STREET ADDRESS	315 PINE GLEN WAY
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D
NAME	BRADY, ROBERT WILSON
STREET ADDRESS	5227 SIESTA COVE DRIVE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	D
NAME	SULLIVAN, PAMELA B
STREET ADDRESS	2800 KENNEDY DRIVE
CITY-ST-ZIP	VENICE, FL 34292
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pamela B Sullivan* Sec/Treas 3-30-08 941-484-5112