

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029137

FILED
Mar 27, 2007
Secretary of State

Entity Name: M.C.V. ENTERPRISE L.L.C.

Current Principal Place of Business:

1800 N.E. 14TH STREET, #2011
NORTH MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD., #1050
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 02-0650996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLA., INC.
2121 PONCE DE LEON BLVD., #1050
CORAL GABLES, FL 33134 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: SALAZAR, MILDRED
Address: 1800 N.E. 14TH STREET, #2011
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGRM () Delete
Name: SALAZAR, VALERY M
Address: 1800 N.E. 14TH STREET, #2011
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGRM () Delete
Name: SALAZAR, CATHERYN
Address: 1800 N.E. 14TH STREET, #2011
City-St-Zip: NORTH MIAMI, FL 33181

Title: MGR () Delete
Name: PELAEZ, VANESSA
Address: 2121 PONCE DE LEON BLVD. #1050
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MILDRED SALAZAR

MGRM

03/27/2007

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