

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029137

FILED  
Mar 17, 2008  
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 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

03/17/2008

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