2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000071185

CAVG ENTERPRISES, LLC



Principal Place of Business Mailing Address

1615 VILLAGE GREEN DRIVE PORT ST LUCIE, FL 34852

1615 VILLAGE GREEN DRIVE PORT ST LUCIE, FL 34852

FILED Jan 31, 2008 08:00 Al Secretary of State



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-4543844		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

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

ENGLISH, CHRISTINE B 1615 VILLAGE GREEN DRIVE PORT ST LUCIE, FL 34952

DO NOT WRI IN THIS SPACE

The above named entity submits this statement for the purpose of changing its registered	doffice or registered agent, or both, in the State of Florida. I	am familiar with, and accept
the obligations of registered agent.		
5		
SIGNATURE		

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

0000000808577 02/07/08-80054-009 138.75

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9.	MANAGING MEMBERS/MANAGERS	■ 1917、1918年1918日9日,最初的1618年度大概數。第4月年長日期前25年19日		
TITLE	MGR			
NAME	BIGGE, CHARLES			
STREET ADDRESS	1615 VILLAGE GREEN DRIVE			
CITY-ST-ZIP	PORT ST LUCIE, FL 34952			
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CITY-ST-ZIP				
TITLE				
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CITY-ST-ZIP				
11. 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				
11. 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE