2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000008630

1. Entity Name
L & V LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
100 N.E. 11TH STREET MIAMI, FL 33130	100 N.E. 11TH STREET MIAMI, FL 33130

01102006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0636519

Applied F
Not Appli

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LIEDERMAN, CARL
375 RIDGEWOOD RD
KEY BISCAYNE, FL 33149

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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 ac the obligations of registered agent.

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	PTNR
NAME	LIEDERMAN, CARL
STREET ADDRESS	100 N.E. 11TH STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	PTNR
NAME	LIEDERMAN, LUANNE
STREET ADDRESS	100 N.E. 11TH STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	PTNR
NAME	VERNON, HARTCOURT III
STREET ADDRESS	100 N.E. 11TH STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	PTNR
NAME	VERNON, KIM
STREET ADDRESS	100 N.E. 11TH STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/06-80006-020 50.00

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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 informatio 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: _____ 1/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #