2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State
01-15-2008 90015 010 ***138.75

DOCUMENT # L00000008630

1. Entity Name
L & V LIMITED LIABILITY COMPANY

Principal Place of Business	Mailing Address
100 N.E. 11TH STREET MIAMI, FL 33132	100 N.E. 11TH STREET MIAMI, FL 33132

DO NOT WRITE IN THIS SPACE

01082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
65-0636519
☐ Applied For
☐ Not Applicable

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 accept the obligations of registered agent.

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	~~PTNR~~ Managing Member
NAME	LIEDERMAN, CARL
STREET ADDRESS	100 N.E. 11TH STREET
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	~~PTNR~~ Managing Member
NAME	LIEDERMAN, LUANNE
STREET ADDRESS	100 N.E. 11TH STREET
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	~~PTNR~~ Managing Member
NAME	VERNON, HARTCOURT III
STREET ADDRESS	100 N.E. 11TH STREET
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	~~PTNR~~ Managing Member
NAME	VERNON, KIM
STREET ADDRESS	100 N.E. 11TH STREET
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: LuAnne Liederman 1/8/08 (305)374-4661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # EXT 224