

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007366

Entity Name: G&V FINANCIAL LLC

FILED  
Apr 29, 2005  
Secretary of State

**Current Principal Place of Business:**

3391 SW 131ST TERRACE  
DAVIE, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

3391 SW 131ST TERRACE  
DAVIE, FL 33330

**New Mailing Address:**

FEI Number: 55-1130285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOLDSTEIN, JACK CPA  
3391 SW 131ST TERRACE  
DAVIE, FL 33330 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: BRADBURN, VICTORIA  
Address: 11111 BISCAYNE BLVD., BLDG. I, STE 2107  
City-St-Zip: MIAMI, FL 33181

Title: MGRM ( ) Delete  
Name: RISEN, GEOFFREY M  
Address: 11111 BISCAYNE BLVD., BLDG. I, STE 2107  
City-St-Zip: MIAMI, FL 33181

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BRADBURN, VICTORIA  
Address: C/O 3391 SW 131 TERRACE  
City-St-Zip: DAVIE, FL 33330

Title: MGRM (X) Change ( ) Addition  
Name: RISEN, GEOFFREY M  
Address: C/O 3391 SW 131 TERRACE  
City-St-Zip: DAVIE, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GEOFFREY M RISEN

MGRM

04/29/2005

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