

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016328

FILED
Apr 25, 2006
Secretary of State

Entity Name: VIC & IRV'S OF FLORIDA, LLC

Current Principal Place of Business:

900 S. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

790 E. BROWARD BLVD
SUITE 302
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-1151419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRENCE A. LEVINE, P.A.
790 E. BROWARD BLVD - SUITE 302
FORT LAUDERDALE, FL 33301 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: LEVINE, HOWARD A
Address: 790 E. BROWARD BLVD. - SUITE 302
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: EVANS, JEFFREY L
Address: 790 E. BROWARD BLVD. - SUITE 302
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGRM () Delete
Name: BROWN, GARY A
Address: 790 E. BROWARD BLVD. - SUITE 302
City-St-Zip: FORT LAUDERDALE, FL 33301

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: HOWARD A. LEVINE

MGRM

04/25/2006

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