


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90075 009 \*\*\*\*50.00

<b>DOCUMENT # L02000008953</b>	
1. Entity Name <b>VENDEVIA GROUP, LLC</b>	

Principal Place of Business <b>290 NW 165 STREET STE 350 MIAMI, FL 33169</b>	Mailing Address <b>290 NW 165 STREET STE 350 MIAMI, FL 33169</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

60021292



02272007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>REZNIK, LARISA MGR VENDEVIA GROUP, LLC 290 NW 165 STREET, S350 MIAMI, FL 33169</b>		7. Name and Address of New Registered Agent Name <b>LARISA REZNIK</b> Street Address (P.O. Box Number is Not Acceptable) <b>20201 E. COUNTY CUE DR #2608</b> City <b>MIAMI</b> FL Zip Code <b>33180</b>	
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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 <b>[Signature]</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>03/01/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR B.N. REZNIK HOLDINGS, L.P. 1300 DARMAR DRIVE LAS VEGAS, NV 89102</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BORIS N. REZNIK - MGR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>20201 E. COUNTY CUE DR. #2608</b> <b>MIAMI, FL 33180</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>[Signature]</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <b>03/01/07</b> <b>7P6-282-054</b> <small>Date Daytime Phone #</small>