


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90209 015 ****50.00

DOCUMENT # L02000017052	
1. Entity Name JV, LLC	

Principal Place of Business 2900 N.W. 165TH STREET CITRA, FL 32113	Mailing Address P.O. BOX 638 ORANGE LAKE, FL 32681
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2900 N.W. 165th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CITRA, FLORIDA	City & State CITRA, FLORIDA
Zip 32113	Country USA



01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent VERVILLE, WAYNE 2900 NW 165 STREET CITRA, FL 32113	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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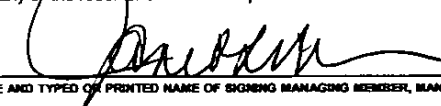
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VERVILLE, JANET 2900 NW 165 STREET CITRA, FL 32113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	Date: 1/3/07	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		