






**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000029252</b>																																		
1. Entity Name VLV EQUITY, LLC																																		
Principal Place of Business 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431	Mailing Address 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431	  01242005No Chg-LLC      CR2E083 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 56-2303362</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired      <input type="checkbox"/>      <b>\$5.00</b> Additional Fee Required</td></tr></table>	4. FEI Number 56-2303362	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required																													
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6. Name and Address of Current Registered Agent  GREENFIELD, WILLIAM R 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431		<b>DO NOT WRITE IN THIS SPACE</b>																																
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 reinstating)      DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>																																		
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>																																		
9. <b>MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%; padding: 2px;">TITLE</td><td style="padding: 2px;">MGRM</td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;">GREENFIELD, WILLIAM R</td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;">2300 GLADES RD STE 100E</td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;">BOCA RATON, FL 33431</td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td></tr><tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td></tr></table>		TITLE	MGRM	NAME	GREENFIELD, WILLIAM R	STREET ADDRESS	2300 GLADES RD STE 100E	CITY-ST-ZIP	BOCA RATON, FL 33431	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<div style="text-align: right; margin-bottom: 20px;">U00000358600 05/04/05-80120-014 50.00</div> <b>DO NOT WRITE IN THIS SPACE</b>
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11. I hereby certify that the information supplied with this filing does not qualify 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 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.																																		
<table style="width: 100%;"><tr><td style="width: 30%;"><b>SIGNATURE:</b> </td><td style="width: 30%; text-align: center;">William R. Greenfield</td><td style="width: 20%; text-align: center;">2/28/05</td><td style="width: 20%; text-align: right;">561-392-6662</td></tr><tr><td colspan="4" style="text-align: center; font-size: small;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</td></tr></table>			<b>SIGNATURE:</b> 	William R. Greenfield	2/28/05	561-392-6662	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #																											
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