

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90183 034 \*\*\*\*50.00

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03262007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L03000006614</b> 1. Entity Name <b>K&amp;V VENTURES, LLC</b>					
Principal Place of Business <del>154 PORTOFINO DRIVE</del> <b>242 PORTOFINO DRIVE</b> N. VENICE, FL 34275			Mailing Address <del>154 PORTOFINO DRIVE</del> <b>242 PORTOFINO DRIVE</b> N. VENICE, FL 34275		
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	4. FEI Number <b>06-1712422</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BLATT, PETER A 800 VILLAGE SQ. CROSSING STE. 204 PALM BEACH GARDENS, FL 33410 <i>good name</i>				Name <b>KABINOFF LARRY S</b> Street Address <b>242 PORTOFINO DR</b> <b>VENETIAN GOLF &amp; COUNTRY CLUB</b> City <b>N. VENICE</b> FL Zip <b>34275</b> <i>Please Keep This Reg. Agent Peter BLATT</i>	
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>Gyl L Vega</b>		SIGNATURE <b>Gyl L Vega</b>		DATE <b>3/26/07</b>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KABINOFF, LARRY S <del>154 PORTOFINO DR. N.</del> <b>242 PORTOFINO DR.</b> VENICE, FL 34275	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VEGA, GYL L <del>154 PORTOFINO DR. N.</del> <b>242 PORTOFINO DR</b> VENICE, FL 34275	<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"/> Change <input type="checkbox"/> Addition				
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"/> 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>Gyl L Vega</b>		SIGNATURE: <b>Gyl L Vega</b>		DATE <b>3/26/07</b> DAYTIME PHONE # <b>941-587-9017</b>	