2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State
02-06-2008 90121 044 ***138.75

DOCUMENT # L03000006614

1. Entity Name
K&V VENTURES, LLC

Principal Place of Business	Mailing Address
242 PORTOFINO N. VENICE, FL 34275	242 PORTOFINO N. VENICE, FL 34275

DO NOT WRITE IN THIS SPACE

01302008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
06-1712422
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BLATT, PETER A
800 VILLAGE SQ. CROSSING
STE. 204
PALM BEACH GARDENS, FL 33410

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KABINOFF, LARRY S
STREET ADDRESS	242 PORTOFINO DR
CITY-ST-ZIP	VENICE, FL 34275
TITLE	MGRM
NAME	VEGA, GYL L
STREET ADDRESS	242 PORTOFINO DR
CITY-ST-ZIP	VENICE, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Gyl T Vega 2/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #