

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000006704

1. Entity Name
CLV BUILDING LIMITED COMPANY



Principal Place of Business
**9804 N. 56TH STREET
TEMPLE TERRACE, FL 33617**

Mailing Address
**9804 N. 56TH STREET
TEMPLE TERRACE, FL 33617**



02232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2180853	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**VERKAUF, BYRON E DDS, PA
9800 N. 56TH STREET
TEMPLE TERRACE, FL 33617**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000651417
03/09/07-80006-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERKAUF, BYRON 9800 B 56TH STREET TEMPLE TERRACE, FL 33617
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CICHON, MICHAEL 9804 N 56TH ST TEMPLE TERRACE, FL 33617
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEVEER, DAVID 9808 N 56TH ST TEMPLE TERRACE, FL 33617
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/26/07 9889276