


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90038 004 \*\*\*138.75

<b>DOCUMENT # L03000007294</b> 1. Entity Name CVB, LLC					
Principal Place of Business 450 EAST LAS OLAS BOULEVARD, SUITE 1500 FT. LAUDERDALE, FL 33301			Mailing Address 450 EAST LAS OLAS BOULEVARD, SUITE 1500 FT. LAUDERDALE, FL 33301		
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 32-0064263	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVENUE, SUITE 2800 MIAMI, FL 33131				7. Name and Address of New Registered Agent  Service U.S.A., Inc 450 E. Las Olas Blvd. Suite 1500 Ft. Lauderdale, FL 33301	
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: <i>Cris V Brandon, VP</i>		(NOTE: Registered Agent signature required when reinstating)		DATE: <i>4/16/08</i>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRANDEN, CRIS V 450 E LAS OLAS BLVD, STE. 1500 FORT LAUDERDALE, FL 33301		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<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: <i>Cris V Brandon</i>		Date: <i>4/16/08</i>		Daytime Phone #	