

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000023026**

1. Entity Name  
CVC DEVELOPMENTS, L.L.C.



Principal Place of Business  
910 WILLISTON PARK POINT  
SUITE 1000  
LAKE MARY, FL 32746 US

Mailing Address  
910 WILLISTON PARK POINT  
SUITE 1000  
LAKE MARY, FL 32746 US



01052005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
71-0951643

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LAWRENCE, VALLARIO E  
910 WILLISTON PARK POINT, SUITE 1000  
LAKE MARY, FL 32746

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME VALLARIO, LAWRENCE E  
STREET ADDRESS 910 WILLISTON PARK POINT, SUITE 1000  
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE MGRM  
NAME GRULLON, CARLOS P  
STREET ADDRESS 1731 BRIDGEWATER  
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE MGRM  
NAME DAVID, WILLIAM J  
STREET ADDRESS 163 VILLA DI ESTE TERR., APT 205  
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000184478  
01/20/05-80032-007 50.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

**LAWRENCE E. VALLARIO**

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

Date

Daytime Phone #

**407-833-8028**