## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L03000028637**

1. Entity Name

CV PURCHASING COMPANY LLC



Secretary of State 03-03-2006 90002 035 \*\*\*\*55.00

FILED

Mar 03, 2006 8:00 am

Principal Place of Business

2875 N.E. 191 STREET, PENTHOUSE 1

AVENTURA, FL 33180

Mailing Address

2875 N.E. 191 STREET, PENTHOUSE 1

AVENTURA, FL 33180



## DO NOT WRITE IN THIS SPACE

01262006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 26-0069278

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J ESQ 8030 PETERS ROAD BLDG D, STE 104 NORTH MIAMI BEACH, FL 33162 DO NOT WRITE

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 manature required when reinstating

DATE

to their court of green

Filing Fee Is \$50.00 Due by May 1, 2006

9.	: MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERLMAN, ALBERTO 2875 N.E. 191 STREET, PENTHOUSE 1 AVENTURA, FL 33180
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11. I hereby certify that the information supplied with this filling does not qualify for the e	

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

Alberto Perlman

3/1/06

300)935-5175.

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

Date

Daytime Phone #