

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90149 001 \*\*\*\*50.00  
04-19-2007 90149 002 \*\*\*\*\*5.00

**DOCUMENT # L03000031726**

1. Entity Name  
**LVT INVESTMENTS, LLC**



Principal Place of Business  
**605 CORONADO DR.  
PUNTA GORDA, FL 33950**

Mailing Address  
**99 NESBIT STREET  
PUNTA GORDA, FL 33950 US**

**30005277**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**C/O DAVID A. HOLMES**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**99 NESBIT STREET**

02232007 Chg-LLC CR2E083 (12/06)

City & State

City & State

**PUNTA GORDA, FL**

4. FEI Number  
**20-0288549**

Applied For  
Not Applicable

Zip

Country

Zip

**33950**

Country

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLMES, DAVID A ESQ  
FARR, FARR, EMERICH, ET AL  
99 NESBIT ST.  
PUNTA GORDA, FL 33950-3636**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
TADALAN, LOURDES V  
605 CORONADO DRIVE  
PUNTA GORDA, FL 33950** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *LVTadalan* - LOURDES V. TADALAN**

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

Date

Daytime Phone #

**3/31/07**