
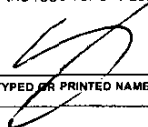


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90131 011 \*\*\*\*50.00

<b>DOCUMENT # L03000040487</b> 1. Entity Name <b>V &amp; V ENTERPRISES, L.L.C.</b>					
Principal Place of Business <b>9806 PINES BOULEVARD PEMBROKE PINES, FL 33024</b>			Mailing Address <b>9806 PINES BOULEVARD PEMBROKE PINES, FL 33024</b>		
2. Principal Place of Business - No P.O. Box # <b>21005 TAFT Street</b>		3. Mailing Address <b>21005 TAFT St</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Pembroke Pines Fl</b>		City & State <b>Pembroke Pines Fl</b>		4. FEI Number <b>20-0326936</b>	
Zip <b>33029</b>		Country <b>FLORIDA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33029</b>		Country <b>FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NIX, JACK VERNON 9806 PINES BLVD PEMBROKE PINES, FL 33024</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIX, JACK VERNON 9806 PINES BLVD PEMBROKE PINES, FL 33024	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <b>Jack Vernon Nix</b> 3/12/07 (954) 437-9988					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					