## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L03000040487

1. Entity Name

## FILED Feb 11, 2008 8:00 am Secretary of State 02-11-2008 90133 005 \*\*\*138.75

V & V EN	TERPRIS	SES, L.L.C.								
1.0	Digital A				1.00		1 1			
Principal Place 21005 TAFT PEMBROKE P	of Busines:	s	Mailing Address 21005 TAFT ST PEMBROKE PINES, FL 33024				60007096			
2. Principal Pl	ace of Busin	ness - No P.O. Box#	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02072008 Chg-LLC CR2E083 (12	2/06)		
City & State			City & State				4. FEI Number 20-0326936		ad For	
Zip		Country	Zip C		ountry 5. Certific		5. Certificate of Status Desired 5.0	s Desired Solution Specified \$5.00 Additional Fee Required		
	6. Name	and Address of Current F	Registered Agent	gistered Agent			7. Name and Address of New Registered Agent			
NIX, JACK VERNON 9806 PINES BLVD PEMBROKE PINES, FL 33024  8. The above named entity submits this statement for the purpose of changing its register						Street Address (P.O. Bex Number is New Acceptable)  City D.C. FL Zip 33009  Stered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept				
the obligations of registered agent.  SIGNATURE										
	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signs	ature required	when reinstating) DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							Make check payabl Florida Department o			
9.		MANAGING MEMBEI	RS/MANAGERS	10.		144.2	ADDITIONS/CHANGES			
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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 empowerer to execute this report as required by Chapter 608, Florida Statutes.										
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SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Date  Date  Dayline Phone #										