## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 01, 2007 08:00 A Secretary of State

ANNOAL KEPOKI						
DOCUMENT # 1. Entity Name DVG, LLC	L030000504					
Principal Place of Business 509 SW SATURN COURT PORT ST LUCIE, FL 34953	<u>.</u>	Mailing Address 509 SW SATURN COURT PORT ST LUCIE, FL 34953				



## DO NOT WRITE IN THIS SPACE

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

02132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number		Applied For
20-0449267		Not Applicabl
5. Certificate of Status Desired	\$5.00 Fee Rec	Additional

6. Name and Address of Current Registered Agent

GEISINGER, BERTRAM 509 SW SATURN COURT PORT ST LUCIE, FL 34953

## DO NOT WRITE IN THIS SPACE

		. •	P. 1	
	named entity submits this statement for the purpose of changing its registere ions of registered agent.	ed office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE		d Agent signature required when reinstating)	DATE	
Fi	ling Fee is \$50.00 Indicate the by May 1, 2007	_ :-		
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM	1		
NAME	GEISINGER, BERTRAM			
STREET ADDRESS	509 SW SATURN COURT	,		
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953			
TITLE	MGRM	1	H00000000004	
NAME	FERRARI, GIOVANNI		U00000652334 03/12/07-80014-010 50.00	
STREET ADDRESS	10300 178TH COURT SOUTH		00.12.01 00011 010 00.00	
CITY-ST-ZIP	BOCA RATON, FL 33498		•	
TITLE		1	•	
NAME				
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CITY-ST-ZIP				
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.				