
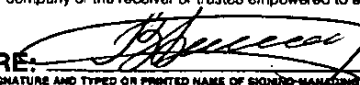


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90010 029 \*\*\*\*50.00

<b>DOCUMENT # L04000001693</b>					
1. Entity Name B.V.V. LIMITED LIABILITY COMPANY					
Principal Place of Business 1667 LAIRD AVE NORTH PORT, FL 34287			Mailing Address 1667 LAIRD AVE NORTH PORT, FL 34286		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip	Country	Zip	Country	Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VALERI, BICHENKOV 1667 LAIRD AVE NORTH PORT, FL 34286			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BICHENKOV, VALERI		NAME		
STREET ADDRESS	1667 LAIRD AVE		STREET ADDRESS		
CITY - ST - ZIP	NORTH PORT, FL 34286		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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STREET ADDRESS			STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Valeri BICHENKOV 04-10-05 (941)-416-3261		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNOR: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: _____ Daytime Phone #: _____		

30005673



03112005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
NOT APPLICABLE

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**Filing Fee is \$50.00 Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BICHENKOV, VALERI	
STREET ADDRESS	1667 LAIRD AVE	
CITY - ST - ZIP	NORTH PORT, FL 34286	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY - ST - ZIP		
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CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

SIGNATURE:

Valeri BICHENKOV

04-10-05 (941)-416-3261

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

Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_