

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
Jun 01, 2009  
Secretary of State

DOCUMENT# L04000029110

Entity Name: CITY VIEW GROUP, LLC

**Current Principal Place of Business:**

5940 S RAINBOW BLVD  
LAS VEGAS, NV 89118 US

**New Principal Place of Business:**

**Current Mailing Address:**

5940 S RAINBOW BLVD  
LAS VEGAS, NV 89118 US

**New Mailing Address:**

FEI Number: 14-1901028      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LEE, PAMELA A  
1842 DOLPHIN BLVD SOUTH  
ST. PETERSBURG, FL 33707 US

**Name and Address of New Registered Agent:**

KLEI, JOSEPH R  
6200 8TH AVENUE NORTH  
ST. PETERSBURG, FL 33710 US

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.

SIGNATURE: JOSEPH R. KLEI

06/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: THE PHILIP GROUP  
Address: 5898 LUSTROUS CT  
City-St-Zip: LAS VEGAS, NV 89148

Title: CFO ( ) Delete  
Name: LEE, JASON T  
Address: 5898 LUSTROUS CT  
City-St-Zip: LAS VEGAS, NV 89148

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JASON LEE

CFO

06/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date