2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# L04000036615

Entity Name: MAV, LLC

Current Principal Place of Business:

1620 WEST OAKLAND PARK BOULEVARD
SUITE 300
FORT LAUDERDALE, FL 33311 US

New Principal Place of Business:

1620 WEST OAKLAND PARK BOULEVARD
SUITE 300
OAKLAND PARK, FL 33311 US

Current Mailing Address:

1620 WEST OAKLAND PARK BOULEVARD
SUITE 300
FORT LAUDERDALE, FL 33311 US

New Mailing Address:

1620 WEST OAKLAND PARK BOULEVARD
SUITE 300
OAKLAND PARK, FL 33311 US

FEI Number: 26-2273188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MAVRICK, PETER T
1620 WEST OAKLAND PARK BOULEVARD
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

MAVRICK, PETER T
1620 WEST OAKLAND PARK BOULEVARD
OAKLAND PARK, FL 33311 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: 01/26/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MAVRICK, PETER T
Address: 1620 WEST OAKLAND PARK BLVD; SUITE 300
City-St-Zip: FORT LAUDERDALE, FL 33311 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MAVRICK, PETER T
Address: 1620 WEST OAKLAND PARK BLVD; SUITE 300
City-St-Zip: OAKLAND PARK, FL 33311 US

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: PETER T. MAVRICK MGR 01/26/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date