

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045608

Entity Name: MVP INVESTMENTS, LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

12 OLD FERRY ROAD
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

1400 MARK TWAIN COURT
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 20-1250488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSEN, NICKOLAS G
12 OLD FERRY ROAD
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MICELI, PHILIPPE F
Address: 1400 MARK TWAIN COURT
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: MICELI, GAIL
Address: 1400 MARK TWAIN COURT
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: VANWINKLE, DAVID
Address: 407 WILLIAMS STREET
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM () Delete
Name: VANWINKLE, SONJA
Address: 407 WILLIAMS STREET
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM () Delete
Name: PETERSEN, NICKOLAS G
Address: 662 HWY 98 E, UNIT 250
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: PETERSEN, PEGGY P
Address: 662 HWY 98 E, UNIT 250
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

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

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

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

Title: () Change () Addition
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Title: () Change () Addition
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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: PHILIPPE F. MICELI

MGRM

04/14/2009

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