


FILED
May 09, 2005 8:00 am
Secretary of State

02-04-2005 90100 028 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000045826 1. Entity Name MSVC MANAGEMENT, LLC		
Principal Place of Business 2310 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020		Mailing Address 2310 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020
2. Principal Place of Business Subs, Apt. #, etc.		3. Mailing Address Subs, Apt. #, etc.
City & State Zip Country		City & State Zip Country
4. FD Number 20-131144		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SKLAR, NEAL I ESQ 2310 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent 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 _____ <small>(Signature, typed or printed name of registered agent and date is required. Print the Registered Agent signature number when necessary.)</small>		DATE _____
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES
TITLE _____ NAME OSCAR SKLAR STREET ADDRESS 2310 HOLLYWOOD BLVD CITY-ST-ZIP HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Member	TITLE _____ NAME MANAGING MEMBER STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME ARIEL SKLAR STREET ADDRESS 2310 HOLLYWOOD BLVD CITY-ST-ZIP HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Member	TITLE _____ NAME MANAGING MEMBER STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME NEAL I SKLAR STREET ADDRESS 2310 HOLLYWOOD BLVD CITY-ST-ZIP HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Member	TITLE _____ NAME MEMBER STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ 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)(a), 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 individual who is authorized to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: _____ <small>(Signature and typed or printed name of owner, managing member, manager, or authorized representative)</small>		Date: 5/1/05 954-920-9292

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