

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066324

Entity Name: LRLV LLC

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

5501 COMMUNICATIONS PARKWAY
C/O NUMISMATIC GUARANTY CORP. OF AMERICA
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

PO BOX 4776
C/O NUMISMATIC GUARANTY CORP. OF AMERICA
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 11-3735083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EICHENBAUM, STEVEN
5501 COMMUNICATION PARKWAY
C/O NUMISMATIC GUARANTY CORP. OF AMERICA
SARASOTA, FL 34230 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: MGR () Delete
Name: EICHENBAUM, STEVEN
Address: P.O. BOX 4776
City-St-Zip: SARASOTA, FL 34230

Title: MGR () Delete
Name: SALZBERG, MARK
Address: P.O. BOX 4776
City-St-Zip: SARASOTA, FL 34230

Title: MGR () Delete
Name: MONTGOMERY, RICHARD
Address: 5501 COMMUNICATIONS PARKWAY
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES:

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

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: STEVEN EICHENBBAUM

MGR

03/27/2009

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