2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2007
Secretary of State

DOCUMENT# L04000077193

Entity Name: T.L.V., L.L.C.

Current Principal Place of Business:

50 SOUTH HARBOR DRIVE
OCEAN RIDGE, FL 33435

New Principal Place of Business:

Current Mailing Address:

50 SOUTH HARBOR DRIVE
OCEAN RIDGE, FL 33435

New Mailing Address:

FEI Number: 13-4288039 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHOFSTALL, WILLIAM G
828 SQUIRE DRIVE
WEST PALM BEACH, FL 33414 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: PLASTIC SURGERY OF P, ALM BEACH PSP
Address: 50 SOUTH HARBOR DRIVE
City-St-Zip: OCEAN RIDGE, FL 33435

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VINAS, LUIS
Address: 50 SOUTH HARBOR DRIVE
City-St-Zip: OCEAN RIDGE, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS VINAS MGRM 03/02/2007

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