

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000086628

1. Entity Name
458 VVD, LLC



Principal Place of Business
4788 WEST COMMERCIAL BLVD.
TAMARAC, FL 33319

Mailing Address
4788 WEST COMMERCIAL BLVD.
TAMARAC, FL 33319



02202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1940007

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STREIT, THOMAS E
222 LAKEVIEW AVENUE
SUITE 400
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000469793
03/27/06-80013-018 55.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--------------------------------|
| TITLE | MGRM |
| NAME | SCHACK, DAVID |
| STREET ADDRESS | 4788 WEST COMMERCIAL BOULEVARD |
| CITY-ST-ZIP | TAMARAC, FL 33319 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

DAVID SCHACK 3/13/06

954-484-4800 x15