

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2007 08:00 A**  
**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



03022007 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, 2007**

U00000661334  
03/20/07-80036-008 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	
CITY- ST- ZIP	

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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

3/6/07

954-484-4800