04/18/2006 13:26 FAX 8358180 MOSHER_&_SCHNEIDER,
04/18/2006 11:07 5616831215 CV TECHNOLOG

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90027 036 ****50.00

20033289

DOCUMENT # L05000015610

1. Entity Name
CVT PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
C/O MOSHER AND SCHNEIDER, P.A. 250 AUSTRALIAN AVENUE SOUTH, STE 1550 WEST PALM BEACH, FL 33401	C/O MOSHER AND SCHNEIDER, P.A. 250 AUSTRALIAN AVENUE SOUTH, STE 1550 WEST PALM BEACH, FL 33401

2. Principal Place of Business
3. Mailing Address
Suite, Apt #, etc.
Suite, Apt #, etc.
City & State
City & State
Zip Country
Zip Country

04082006 Chg-LLC CR2E063 (11/05)

4. FEI Number 59-379878-1 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, JOHN C ESQ
MOSHER AND SCHNEIDER, P.A.
250 AUSTRALIAN AVENUE SOUTH, STE 1550
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name John C. Schneider
Street The Montecito - Suite 801
616 Clearwater Park Road
City West Palm Beach, FL 33401
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 John C Schneider 4/18/06
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CVETAS, DAVID P. 2101 N SUZANNE CIRCLE JUNO BEACH, FL 33408	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHLATTER, GERALD 3167 4TH STREET BOULDER, CO 80301	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 P Cvetas DAVID P. CVETAS 4/17/06 561 685-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #