

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000015610

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



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

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

2. Principal Place of Business - No P.O. Box #  
The Montecito - Suite 801  
616 Clearwater Park Road  
West Palm Beach, FL 33401

3. Mailing Address  
The Montecito - Suite 801  
616 Clearwater Park Road  
West Palm Beach, FL 33401

05-08-2007 90115 012 \*\*\*\*50.00

**60049889**



03192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3798781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent  
SCHNEIDER, JOHN C  
THE MONTECITO-STE 801  
616 CLEARWATER PK RD  
WEST PALM BEACH, FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** 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

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**

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 CIR JUNO BEACH, FL 33408	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHLATTER, GERALD 3157 4TH ST BOULDER, CO 80301	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/19/09

561-694-9588

Date

Daytime Phone #