

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

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 ☐ **\$5.00** Additional Fee Required

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
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6. Name and Address of Current Registered Agent SCHNEIDER, JOHN C THE MONTECITO-STE 801 616 CLEARWATER PK RD WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CVETAS, DAVID P 2101 N SUZANNE CIR JUNO BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCHLATTER, GERALD 3157 4TH ST BOULDER, CO 80301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

4/19/07 561-694-9588
Date Daytime Phone #