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Secretary of State

04-17-2006 90050 019 ****55.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000016147

1. Entity Name
CVW GROUP, LLC

30010667

Principal Place of Business	Mailing Address
4918 W. GRACE ST TAMPA, FL 33607	4918 W. GRACE ST TAMPA, FL 33607

2. Principal Place of Business	3. Mailing Address
	P.O. BOX 24169
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: TAMPA, FL
Zip / Country	Zip: 33623 / Country: U.S.

03222006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 34-2043144 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBBINS, R. JAMES JR 101 E KENNEDY BLVD, STE 3700 TAMPA, FL 33602	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, 2006 | **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: ~~MEMBER~~ MANAGING MEMBER NAME: GEORGE VERPLANCK STREET ADDRESS: 2912 W. CHAPIN AV CITY-ST-ZIP: TAMPA, FL 33611	☐ Delete	TITLE: MANAGING MEMBER NAME: GEORGE VERPLANCK STREET ADDRESS: 2912 W. CHAPIN AV CITY-ST-ZIP: TAMPA, FL 33611	☐ Change ☑ Addition
TITLE: ~~MEMBER~~ MANAGER NAME: SAADE CHIBANI STREET ADDRESS: 4928 ST. CROIX DR. CITY-ST-ZIP: TAMPA, FL 33629	☐ Delete	TITLE: ~~MEMBER~~ MANAGER NAME: SAADE CHIBANI STREET ADDRESS: 4928 ST. CROIX DR CITY-ST-ZIP: TAMPA, FL 33629	☐ Change ☑ Addition
TITLE: MANAGING MEMBER NAME: KENNETH WALKER III STREET ADDRESS: 4901 LYFORD CAY RD CITY-ST-ZIP: TAMPA, FL 33629	☐ Delete	TITLE: MANAGING MEMBER NAME: KENNETH WALKER III STREET ADDRESS: 4901 LYFORD CAY RD CITY-ST-ZIP: TAMPA, FL 33629	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: [signature] 3-27-06 813-287-0709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #