

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041921

Entity Name: L2V DEVELOPMENT LLC

FILED  
Apr 20, 2006  
Secretary of State

**Current Principal Place of Business:**

12680 PRIMERO COURT  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

12680 PRIMERO COURT  
PENSACOLA, FL 32507

**New Mailing Address:**

FEI Number: 20-0017554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCAPECCHI, LAWRENCE  
12680 PRIMERO COURT  
PENSACOLA, FL 32507 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCAPECCHI, LAWRENCE  
Address: 12680 PRIMERO COURT  
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM ( ) Delete  
Name: SCAPECCHI, VICTOR  
Address: 1064 N.W. 48TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM ( ) Delete  
Name: SCAPECCHI, VINCENT  
Address: 716 N.W. 126TH AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VICTOR SCAPECCHI

MGRM

04/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date