

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

01-25-2007 90089 014 ****50.00

DOCUMENT # L05000048206 1. Entity Name EIGHT TWENTY NINE-V, LLC																																																																																						
Principal Place of Business 41 BAY COLONY DRIVE FT. LAUDERDALE FL 33308			Mailing Address 41 BAY COLONY DRIVE FT. LAUDERDALE FL 33308																																																																																			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																				
City & State Zip Country		City & State Zip Country		4. FEI Number AP-PLIED FOR ☐ Applied For ☒ Not Applicable																																																																																		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				20-2843450 1st MOORE CR2E083 (10/06)																																																																																		
6. Name and Address of Current Registered Agent RAYMOND, JOHN J JR. 1200 NORTH FEDERAL HIGHWAY SUITE 420 BOCA RATON FL 33432																																																																																						
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																						
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 file if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE:																																																																																						
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																																																																																						
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">TITLE</td> <td style="width: 70%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px; text-align: center;">☐ Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY, ST, ZIP</td> <td style="padding: 2px;">CITY, ST, ZIP</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: center;">☐ Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY, ST, ZIP</td> <td style="padding: 2px;">CITY, ST, ZIP</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: center;">☐ Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY, ST, ZIP</td> <td style="padding: 2px;">CITY, ST, ZIP</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: center;">☐ Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY, ST, ZIP</td> <td style="padding: 2px;">CITY, ST, ZIP</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: center;">☐ Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY, ST, ZIP</td> <td style="padding: 2px;">CITY, ST, ZIP</td> <td></td> </tr> </table> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">TITLE</td> <td style="width: 70%; padding: 2px;">NAME</td> <td style="width: 20%; padding: 2px; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY, ST, ZIP</td> <td style="padding: 2px;">CITY, ST, ZIP</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY, ST, ZIP</td> <td style="padding: 2px;">CITY, ST, ZIP</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY, ST, ZIP</td> <td style="padding: 2px;">CITY, ST, ZIP</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY, ST, ZIP</td> <td style="padding: 2px;">CITY, ST, ZIP</td> <td></td> </tr> </table>						TITLE	NAME	☐ Delete	NAME	STREET ADDRESS		CITY, ST, ZIP	CITY, ST, ZIP		TITLE	NAME	☐ Delete	NAME	STREET ADDRESS		CITY, ST, ZIP	CITY, ST, ZIP		TITLE	NAME	☐ Delete	NAME	STREET ADDRESS		CITY, ST, ZIP	CITY, ST, ZIP		TITLE	NAME	☐ Delete	NAME	STREET ADDRESS		CITY, ST, ZIP	CITY, ST, ZIP		TITLE	NAME	☐ Delete	NAME	STREET ADDRESS		CITY, ST, ZIP	CITY, ST, ZIP		TITLE	NAME	☐ Change ☐ Addition	NAME	STREET ADDRESS		CITY, ST, ZIP	CITY, ST, ZIP		TITLE	NAME	☐ Change ☐ Addition	NAME	STREET ADDRESS		CITY, ST, ZIP	CITY, ST, ZIP		TITLE	NAME	☐ Change ☐ Addition	NAME	STREET ADDRESS		CITY, ST, ZIP	CITY, ST, ZIP		TITLE	NAME	☐ Change ☐ Addition	NAME	STREET ADDRESS		CITY, ST, ZIP	CITY, ST, ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Richard D. Schultz</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <u>11/17/07</u> Date <u>(954) 491-3033</u> Daytime Phone #																																																																																						