2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Secretary of State **DOCUMENT # L05000048209** 1. Entity Name 01-25-2007 90089 015 ****50.00 EIGHT TWENTY NINE-VI, LLC Principal Place of Business Mailing Address 41 BAY COLONY DRIVE FT. LAUDERDALE FL 33308 41 BAY COLONY DRIVE FT. LAUDERDALE FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apt. #, otc. CR2E083 (10/06) 1st MOORE City & State City & State 4. FEI Number Applied For AP-PLIED FOR Not Applicable Country 7in Country \$5.00 Additional 5. Certilicate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAYMOND, JOHN J JR. Street Address (P.O. Box Number is Not Acceptable) 1200 NORTH FEDERAL HIGHWAY SUITE 420 **BOCA RATON FL 33432** City Zip Code FL 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 Significate, typied or privated winthe of registered against and take a epoliciable. (NOTE: Registered Agent signature retruined when retristation) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 11111 □ Change Addition mn Delete MGR NAME NAMI SCHULTZ, RICHARD D SHRITTADDRESS STREET ADDRESS 41 BAY COLONY DRIVE CHY SI ZIP CHY ST ZIP FT. LAUDERDALE FL 33308 ☐ Change Addition 10111 MGR ☐ Octob 11011 SCHULTZ, ANGILEE NAMI STREET ADDRESS STREET ADORESS 41 BAY COLONY DRIVE CHY SI-78 FT LAUDERDALE FL 33308 CHY SLZP RHI Ociete THEF Change Addition NAMI NAMI STREET ADDRESS SHIRE LADORUSS 0117 - S1 - Ziř CHT SI 70 ☐ Addition ☐ Change 11111 Delete mor NAMI NAME STREET ADDRESS SHIFT LADORESS CDY SEZP COY St-78 ☐ Change Addition mu ☐ Detete шн NAM NAME STREET ADDRESS SHALLADDRESS CITY SI-ZIP CUY SLZP HILE Ddele mi ☐ Change Addition NAM NAM SUBJECT ADDRESS SCREET ADDRESS any-si ar 11. I hereby certify that the information supplied with this filling 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 eath; 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.

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/17/07

FILED

Feb 26, 2007 8:00 am