

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052415

FILED
Apr 30, 2009
Secretary of State

Entity Name: PV 2, LLC

Current Principal Place of Business:

770 N.E. 69 STREET, UNIT 5-D
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

770 N.E. 69 STREET, UNIT 5-D
MIAMI, FL 33138

New Mailing Address:

770 N.E. 69 STREET, UNIT 5-D
SUITE 5-D
MIAMI, FL 33138

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLLETTI, JOSEPH R
4770 BISCAYNE BOULEVARD
SUITE 610
MIAMI, FL 33137 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: MGR () Delete
Name: EHRlich, PETER R JR.
Address: 770 N.E. 69 STREET, UNIT 5-D
City-St-Zip: MIAMI, FL 33138

Title: MGR () Delete
Name: COHEN, JOAN
Address: 20191 E. COUNTRY CLUB DRIVE, UNIT 911
City-St-Zip: MIAMI, FL 33138

Title: MGR () Delete
Name: HEYMANN, JILL
Address: 770 N.E. 69 STREET, UNIT 8-D
City-St-Zip: MIAMI, FL 33138

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 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: PETER R. EHRlich

MGR

04/30/2009

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