


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000066729	
1. Entity Name CITYVIEW VACATIONS, LLC	

Principal Place of Business 1441 W 30TH ST RIVIERA BEACH FL 33404	Mailing Address 1441 W 30TH ST RIVIERA BEACH FL 33404
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2. Principal Place of Business - No P.O. Box # 1441 W 30TH ST	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State Riviera Beach FL	City & State
Zip 33404	Country America

4. FEI Number 20-3194443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIS, GRIFFIN REV 1441 W 30TH ST RIVIERA BEACH FL 33404	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P DAVIS, GRIFFIN REV 1441 W 30TH ST WEST PALM BEACH FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000634134 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/17/07-80007-022 50.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S DAVIS, HUGHETTA 1441 W 30TH ST WEST PALM BEACH FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Rev. Griffin Davis Rev. Griffin Davis 4-5-07 561-842-6591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #