


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90232 023 \*\*\*138.75

<b>DOCUMENT # L05000104869</b> 1. Entity Name LV PROPERTY HOLDINGS, LLC					
Principal Place of Business 13367 N 56TH STREET TAMPA, FL 33617			Mailing Address 13367 N 56TH STREET TAMPA, FL 33617		
2. Principal Place of Business - No P.O. Box # <i>66 Adalia Ave</i> Suite, Apt. #, etc.		3. Mailing Address <i>565 S. Hercules Ave</i> Suite, Apt. #, etc.			
City & State <i>Tampa, FL</i> Zip <i>33606</i>		City & State <i>Clearwater, FL</i> Zip <i>33764</i>		4. FEI Number 20-3682822	
Country <i>USA</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  LAWSON, LARRY F 13367 N 56TH STREET TAMPA, FL 33617				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <i>565 S. Hercules Ave</i> City <i>Clearwater</i> <b>FL</b> Zip Code <i>33764</i>	
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 _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAWSON, LARRY F II 13367 N. 56TH STREET TAMPA, FL 33617		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>565 S. Hercules Ave</i> <i>Clearwater, FL 33764</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARGO, MICHAEL S 13367 N. 56TH STREET TAMPA, FL 33617		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>565 S. Hercules Ave</i> <i>Clearwater, FL 33764</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 13367 N. 56TH STREET TAMPA, FL 33617		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS 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 Chapter 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <i>3/20/08</i> Daytime Phone # <i>727-499-6500</i>		