

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000108496

1. Entity Name
T & V INVESTMENTS, LLC



**FILED
May 01, 2008 8:00 am
Secretary of State**

05-01-2008 90022 005 ***138.75

60036874



04292008 Chg-LLC CR2E083 (12/06)

Principal Place of Business
7420 SW 49 CT
MIAMI, FL 33143

Mailing Address
7420 SW 49 CT
MIAMI, FL 33143

2. Principal Place of Business - No P.O. Box #
2665 SO. Bayshore Dr.
Suite, Apt. #, etc.
M-102

3. Mailing Address
2665 SO. Bayshore Dr.
Suite, Apt. #, etc.
M-102

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33133

Country
33133

Country
33133

4. FEI Number
20-0375237

Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DIMOND, VIVIAN Z
7420 SW 49 CT
MIAMI, FL 33143

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIMOND, VIVIAN Z 7420 SW 49 CT MIAMI, FL 33143	<input type="checkbox"/> Delete	MGRM Dimond, Vivian Z 2665 SO. Bayshore Dr. M-102 Miami, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHRAGER, TONI L 700 SOLANO PRADO CORAL GABLES, FL 33156	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #