


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L06000018221 1. Entity Name VELVET VIEW, LLC	
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Principal Place of Business 19531 NE 17 AVE. NORTH MIAMI BEACH, FL 33179	Mailing Address 19531 NE 17 AVE. NORTH MIAMI BEACH, FL 33179
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DO NOT WRITE IN THIS SPACE



02222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2586656	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SACKS, SIDNEY M.D. 19531 NE 17 AVE. NORTH MIAMI BEACH, FL 33179
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SACKS, SIDNEY M.D. 19531 NE 17 AVE. NORTH MIAMI BEACH, FL 33179
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**DO NOT WRITE
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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: *Sidney Sacks* **Sidney Sacks** 4/24/07 305-182-94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #