


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000073186

1. Entity Name  
 P.V.J. ASSALONE, LLC



Principal Place of Business  
 6350 N.E. 4TH COURT  
 MIAMI, FL 33138

Mailing Address  
 6350 N.E. 4TH COURT  
 MIAMI, FL 33138



01042008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 20-5258315

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

FISCHER, REBECCA H ESQ.  
 1930 HARRISON ST.  
 SUITE 209  
 HOLLYWOOD, FL 33020

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000788125  
 01/18/08-80027-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ASSALONE, PATRICK A
STREET ADDRESS	6350 N.E. 4TH COURT
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	MGR
NAME	ASSALONE, VICTORIA I
STREET ADDRESS	6350 N.E. 4TH COURT
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	MGR
NAME	ASSALONE, JOHN F
STREET ADDRESS	6350 N.E. 4TH COURT
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Victoria Assalone *Victoria Assalone* **1-15-08** **305-259-3835**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #