2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# L06000122988

Entity Name: LVG INVESTMENTS LLC

Current Principal Place of Business:

123 SAN LORENZO AVE
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

123 SAN LORENZO AVE
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 86-1177618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GOMEZ, INES L
123 SAN LORENZO AVE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PT ( ) Delete
Name: LOREZO-GOMEZ, INES
Address: 123 SAN LORENZO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: VPS ( ) Delete
Name: GOMEZ, ADEHO
Address: 123 SAN LORENZO AVE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: PT (X) Change ( ) Addition
Name: LORENZO-GOMEZ, INES
Address: 123 SAN LORENZO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: VPS (X) Change ( ) Addition
Name: GOMEZ, ADELIO
Address: 123 SAN LORENZO AVE
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: INES LORENZO-GOMEZ PT 06/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date