

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017242

Entity Name: JVT REALTY, LLC

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

696 FIRST AVENUE NORTH, SUITE 203  
SAINT PETERSBURG, FL 33701

**New Principal Place of Business:**

200 MIRAMAR BOULEVARD NE  
SAINT PETERSBURG, FL 33704

**Current Mailing Address:**

696 FIRST AVENUE NORTH, SUITE 203  
SAINT PETERSBURG, FL 33701

**New Mailing Address:**

200 MIRAMAR BOULEVARD NE  
SAINT PETERSBURG, FL 33704

FEI Number: 20-8453984

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TYSZKO, VALERIE M  
696 FIRST AVENUE NORTH  
SUITE 203  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

TYSZKO, VALERIE M  
200 MIRAMAR BOULEVARD NE  
ST. PETERSBURG, FL 33704 US

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:

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES ( ) Delete  
Name: TYSZKO, VALERIE M  
Address: 696 FIRST AVENUE NORTH, SUITE 203  
City-St-Zip: SAINT PETERSBURG, FL 33701

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: TYSZKO, VALERIE M  
Address: 200 MIRAMAR BOULEVARD NE  
City-St-Zip: SAINT PETERSBURG, FL 33704

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: VALERIE M. TYSZKO

PRES

04/29/2009

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