

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90111 007 ****50.00

DOCUMENT # L98000001048

1. Entity Name
C-VETTE PROPERTIES, L.C.



Principal Place of Business
**9621 S. DIXIE HWY.
MIAMI, FL 33156**

Mailing Address
**9621 S. DIXIE HWY.
MIAMI, FL 33156**

DO NOT WRITE IN THIS SPACE



06302005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0849808

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HITE, CATHERINE
799 BRICKELL PLAZA
SUITE 700
MIAMI, FL 33131**

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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZISMAN, DAVID 7445 S.W. 140TH DR. MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZISMAN, LAURA 8240 S.W. 91ST ST. MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZISMAN, JONATHON 18730 S.W. 84 COURT 7735 SW 118 ST MIAMI, FL 33167 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Laura Zisman

7/12/05 305-666-3312