

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2007 8:00 am
Secretary of State

05-16-2007 90021 036 ***158.75

DOCUMENT # P93000004507

1. Entity Name
CVG SPECIAL MEMBER, INC.



Principal Place of Business
C/O THE GOODMAN COMPANY
777 SOUTH FLAGLER DR, SUITE 1101E
WEST PALM BEACH, FL 33401 US

Mailing Address
C/O THE GOODMAN COMPANY
777 SOUTH FLAGLER DR, SUITE 1101E
WEST PALM BEACH, FL 33401 US

66020357



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0399257	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SILVESTRI, LAWRENCE A
777 S. FLAGLER DRIVE
STE 1101E
WEST PALM BEACH, FL 33401

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOODMAN, MURRAY H 911 NORTH OCEAN BLVD. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GARVIN, DORANNE M 777 S. FLAGLER DR. #S1101 WPB, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILVESTRI, LAWRENCE A 777 S FLAGLER DR, STE 1101E WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEWALTER, WILLIAM A 777 S FLAGLER DR STE 1101E WPB, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JACOBS, HAROLD 1650 ARCH ST 22ND FL PHILADELPHIA, PA 191032097
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William A. Shewalter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 2007

Date

561-833-3777

Daytime Phone #

William A. Shewalter, Treasurer