
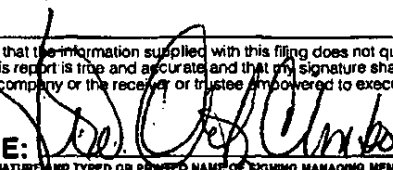


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

8 **FILED**  
**Aug 26, 2004 8:00 am**  
**Secretary of State**

08-10-2004 90051 004 \*\*\*\*50.00

<b>DOCUMENT # L02000019836</b>					
1. Entity Name VM PROPERTY INVESTMENTS, LLC					
Principal Place of Business 7253 S.W. 54 COURT MIAMI, FL 33143			Mailing Address 7253 S.W. 54 COURT MIAMI, FL 33143		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR <b>N/A</b>	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORDOVA, ANGEL D 780 N.W. 42ND AVE #416 MIAMI, FL 33126			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ORTIZ, VIMARIE 7253 S.W. 54 COURT MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMAYA, MICHAEL 7253 S.W. 54 COURT MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date: 8/5/04 Daytime Phone #: 786-399-9609		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

34010133



07092004 Chg-LLC CR2E083 (10/03)

4. FEI Number APPLIED FOR **N/A** Applied For Not Applicable

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by September 8, 2004

Make check payable to  
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SIGNATURE:  Date: 8/5/04 Daytime Phone #: 786-399-9609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE