


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L03000025386 1. Entity Name VS, LLC |  |
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|---|---|
| Principal Place of Business 3472 WEEMS ROAD, UNIT 1 TALLAHASSEE, FL 32317 | Mailing Address 3472 WEEMS ROAD, UNIT 1 TALLAHASSEE, FL 32317 |
|---|---|

DO NOT WRITE IN THIS SPACE



01102005No Chg-LLC CR2E083 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 55-0838349 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent CHAMPION, E. LAVAN 3472 WEEMS ROAD, UNIT 1 TALLAHASSEE, FL 32317 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE 4/19/05

**Filing Fee is \$50.00
Due by May 1, 2005**

1100000321629
04/21/05-80085-012 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CHAMPION, E. LAVAN JR 1504 HICKORY TALLAHASSEE, FL 32303 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CHILDERS, SAMUEL S 2009 E FOREST DRIVE TALLAHASSEE, FL 32303 |
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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)(f), 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] Date 4/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #