

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025386

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: VS, LLC

**Current Principal Place of Business:**

3472 WEEMS ROAD, UNIT 1  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

3472 WEEMS ROAD, UNIT 1  
TALLAHASSEE, FL 32317

**New Mailing Address:**

FEI Number: 55-0838349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHAMPION, E. LAVAN  
3472 WEEMS ROAD, UNIT 1  
TALLAHASSEE, FL 32317 US

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

CHAMPION, LAVAN E  
3472 WEEMS ROAD, UNIT 1  
TALLAHASSEE, FL 32317 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: VAN CHAMPION

04/18/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CHAMPION, E. LAVAN JR  
Address: 1504 HICKORY  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR ( ) Delete  
Name: CHILDERS, SAMUEL S  
Address: 2009 E FOREST DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CHAMPION, LAVAN E JR  
Address: 1504 HICKORY  
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: VAN CHAMPION

MGR

04/18/2006

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