


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90027 049 \*\*\*\*55.00

|   |  |  |   |
|---|--|--|---|
| DOCUMENT # L03000032189   |  |     |   |
| 1. Entity Name<br>VYSS, LLC   |  |  |   |
| Principal Place of Business<br>1510 SOUTHEAST 17TH ST.<br>SUITE 300<br>FORT LAUDERDALE, FL 33316  |  | Mailing Address<br>1510 SOUTHEAST 17TH ST.<br>SUITE 300<br>FORT LAUDERDALE, FL 33316 |   |
| 2. Principal Place of Business  |  | 3. Mailing Address<br><i>6370 Estate Frydendahl</i>                                  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.<br><i>#20</i>  |   |
| City & State  |  | City & State<br><i>St. Thomas VI</i>   |   |
| Zip   |  | Zip<br><i>00802</i>  |   |
| Country   |  | Country<br><i>US</i>   |   |
|   |  | 04292005 Chg-LLC CR2E083 (10/03)   |   |
| 4. FEI Number<br><i>580-16-5074</i>   |  | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired  |  | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required                   |   |
| 6. Name and Address of Current Registered Agent<br>ROSENBERG, CHRISTIAN F<br>1510 SOUTHEAST 17TH ST.<br>SUITE 300<br>FORT LAUDERDALE, FL 33316  |  | 7. Name and Address of New Registered Agent  |   |
| Name  |  |  |   |
| Street Address (P.O. Box Number is Not Acceptable)  |  |  |   |
| City  |  | FL 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 reassigning) DATE _____   |  |  |   |
| Filing Fee is \$50.00<br>Due by May 1, 2005   |  | Make check payable to<br>Florida Department of State                                 |   |
| 9. MANAGING MEMBERS/MANAGERS  |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>ROSENBERG, CHRISTIAN F<br>1510 SE 17TH STREET<br>FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>Christian F. Rosenberg</i>  |  | Date: <i>3/29/05</i> Daytime Phone #: <i>340-775-7007</i>                            |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  | Date Daytime Phone #   |   |