

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052733

**FILED**  
**Mar 29, 2006**  
**Secretary of State**

**Entity Name:** VERTICAL VAR FLORIDA, LLC

**Current Principal Place of Business:**

13632 DOWLING LN  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

3168 MERCER UNIVERSITY DR  
SUITE 100  
CHAMBLEE, GA 30341

**New Mailing Address:**

**FEI Number:** 04-3780087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEWIS, TOM  
13632 DOWLING LN  
ODESSA, FL 33556 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LEWIS, TOM  
Address: 3168 MERCER UNIVERSITY DR, SUITE 100  
City-St-Zip: CHAMBLEE, GA 30341

Title: MGRM ( ) Delete  
Name: CRIPPEN & LAWRENCE I, NVESTMENT  
Address: 3168 MERCER UNIVERSITY DR, SUITE 100  
City-St-Zip: CHAMBLEE, GA 30341

**ADDITIONS/CHANGES:**

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

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: DORA BOYD

ACCT

03/29/2006

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