

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052733

FILED  
Feb 12, 2009  
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:**

3168 MERCER UNIVERSITY DR  
SUITE 200  
CHAMBLEE, GA 30341

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: AEA INVESTMENT, LLC,  
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 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

02/12/2009

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