

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065651

**FILED**  
**Jan 23, 2007**  
**Secretary of State**

**Entity Name:** VIRI ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

C/O HOWARD POPP  
8525 SW 92ND STREET, SUITE A-1  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HOWARD POPP  
8525 SW 92ND STREET, SUITE A-1  
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number:** 20-1600729

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

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

KRAMER, ROBERT M  
4000 HOLLYWOOD BOULEVARD  
SUITE 485-SOUTH  
HOLLYWOOD, FL 33021 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: MGR ( ) Delete  
Name: POPP, HOWARD  
Address: 8525 SW 92ND STREET, SUITE A-1  
City-St-Zip: MIAMI, FL 33156

Title: MGR ( ) Delete  
Name: HERNANDEZ-POPP, VIVIAN  
Address: 8525 SW 92ND STREET, SUITE A-1  
City-St-Zip: MIAMI, FL 33156

**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: HOWARD W POPP

MGR

01/23/2007

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