

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083784

Entity Name: EDMARK/VININGS, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

2618 EAST PARIS
#500
GRAND RAPIDS, MI 49546 US

Current Mailing Address:

2618 EAST PARIS
#500
GRAND RAPIDS, MI 49546 US

New Principal Place of Business:

2618 EAST PARIS SE
SUITE # 500
GRAND RAPIDS, MI 49546 US

New Mailing Address:

2618 EAST PARIS SE
SUITE # 500
GRAND RAPIDS, MI 49546 US

FEI Number: 20-3416136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CONROY, J. THOMAS III
2210 VANDERBILT BEACH ROAD
SUITE 1201
NAPLES, FL 34109 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: FINKELSTEIN, EDWARD S
Address: 17842 ARGYLE TERRACE
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGRM () Delete
Name: FINKELSTEIN, MARK D
Address: 2618 EAST PARIS #500
City-St-Zip: GRAND RAPIDS, MI 49546 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: FINKELSTEIN, MARK D
Address: 2618 EAST PARIS SE, SUITE # 500
City-St-Zip: GRAND RAPIDS, MI 49546 US

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: EDWARD S. FINKELSTEIN

MGRM

04/29/2009

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