2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# M04000002159

Entity Name: VKGS LLC

Current Principal Place of Business:

2717 N 118TH CIR STE 210
OMAHA, NE 68164

New Principal Place of Business:

Current Mailing Address:

2717 N 118TH CIR STE 210
OMAHA, NE 68164

New Mailing Address:

FEI Number: 90-0177886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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:	D	( ) Delete
Name:	BAUR, JON	
Address:	411 W PUTMAN AVE 225	
City-St-Zip:	GREENWICH, CT 06830	
Title:	D	( ) Delete
Name:	STANTON, JANICE	
Address:	411 W PUTNAM AVE 225	
City-St-Zip:	GREENWICH, CT 06830	
Title:	D	( ) Delete
Name:	NOGALES, LUIS	
Address:	9229 W SUNSET BLVD STE 900	
City-St-Zip:	WEST HOLLYWOOD, CA 90069	
Title:	D	( ) Delete
Name:	MICKELSON, MARK	
Address:	9229 W SUNSET BLVD STE 900	
City-St-Zip:	WEST HOLLYWOOD, CA 90069	
Title:	CEOP	( ) Delete
Name:	STUART, TIMOTHY	
Address:	2717 N 118TH CIR STE 210	
City-St-Zip:	OMAHA, NE 68164	
Title:	CFVP	( ) Delete
Name:	MORIN, RUSSELL	
Address:	2717 N 118TH CIR STE 210	
City-St-Zip:	OMAHA, NE 68164	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: RUSSELL MORIN CFO 04/15/2008

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