


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90440 023 ****50.00

DOCUMENT # M06000007216			
1. Entity Name VACO TAMPA, LLC			
Principal Place of Business 3001 N. ROCKYPOINTE DRIVE, STE. 200 TAMPA, FL 33607		Mailing Address 3001 N. ROCKYPOINTE DRIVE, STE. 200 TAMPA, FL 33607	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>5410 Maryland Way</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 460</i>	
City & State		City & State <i>Brentwood, TN</i>	
Zip	Country	Zip <i>37027</i>	Country <i>Williamson</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMICHAEL, OLIVER C 5410 MARYLAND WAY, SUITE 460 BRENTWOOD, TN 27027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOMON, JAY M 5410 MARYLAND WAY, SUITE 460 BRENTWOOD, TN 27027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Hollomon, Jay M</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURCH, LUCIUS E III 5410 MARYLAND WAY, SUITE 460 BRENTWOOD, TN 27027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLER, BRIAN 5410 MARYLAND WAY, SUITE 460 BRENTWOOD, TN 27027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLS, DENISE B 5410 MARYLAND WAY, SUITE 460 BRENTWOOD, TN 27027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Benny R</i>		Date: <i>2/21/07</i> Daytime Phone #: <i>(615)324-8226</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	