2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 21, 2004 08:00 AM Secretary of State **DOCUMENT # L02000033541** 1. Entity Name V & P INVESTORS, LLC Mailing Address Principal Place of Business 16216 EMERALD COVE ROAD 16216 EMERALD COVE ROAD WESTON, FL 33331 WESTON, FL 33331 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 04152004 Cha-LLC CR2E083 (10/03) Applied For City & State City & State 4. FE? Number 57-1141189 Not Applicable Country Zφ Country \$5.00 Additional Zso 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VELASQUEZ, RUBERT JAVIER Street Address (P.O. Box Number is Not Acceptable) 16216 EMERALD COVE ROAD WESTON, FL 33331 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 Signature, speed or printed name of registered agent and title it applicable. DATE (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. U00000123341□ Change □ Addition MGR Delete TITLE TITLE PINZON, MARCELA NAME 04/22/04-80001-004 50.00 NAME STREET ADDRESS STREET ADDRESS 16216 EMERALD COVE ROAD CITY-ST-ZIP WESTON, FL 33331 CITY-ST-ZIP Change Addition ☐ Delete BILE TITLE VELASQUEZ, RUBERT JAVIER NAME NAME 16216 EMERALD COVE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CDY-ST-789 WESTON, FL 33331 Addition ☐ Change S ☐ Delete TITLE RODRIDGUEZ, GUSTAVO MAME NAME STREET ADDRESS STREET ADDRESS 1406 BARCELONA WAY CITY-ST-ZIP CITY-ST-ZIP WESTON, FL 33327 Change Addition ☐ Delete साराह TITLE PINZON, MARCELA NAME NAME 16216 EMERALD COVE ROAD STREET ADDRESS STREET ADDRESS CITY - ST - ZIP WESTON, FL 33331 CITY - ST - 71P Change Addition Delete TITLE RITE NAME NAME STREET ADDRESS STREET ADORESS CSY-ST-7P CITY-ST-ZIP ☐ Change Addition 🔲 TETLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-73P CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not emaily for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature enail 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. _;_**T** SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME

MINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone 4

FILED