2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/3/

FILED
May 25, 2004 8:00 am
Secretary of State
05-03-2004 90145 012 ****50.00

DOCUMENT # L03000022124

1. Entity Name
832 VP, L.L.C.

Principal Place of Business	Mailing Address
2900 GLADES CIRCLE, SUITE 375 WESTON, FL 33327	2900 GLADES CIRCLE, SUITE 375 WESTON, FL 33327

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04292004 Chg-LLC CR2E083 (10/03)

4. FEI Number 43-2019913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NATHAN, RANDY J C/O FRANK, WEINBERG & BLACK, P.L. 7805 S.W. 6TH COURT PLANATION, FL 33324	Name: GARRIDO, LUIS Street Address (P.O. Box Number is Not Acceptable): 2900 GLADES CIRCLE, SUITE 375 City: WESTON FL Zip Code: 33327

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: X [signature] GARRIDO, LUIS 04/30/04
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $550.00 Due by May 1, 2004 — **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FERREIRA, EDUARDO 2900 GLADES CIRCLE, ste 375 WESTON FL 33327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HENENDEZ, JOSE 2900 GLADES CIRCLE, ste 375 WESTON FL 33327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GARRIDO, LUIS 2900 GLADES CIRCLE, ste 375 WESTON FL 33327	☐ Change ☑ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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 605, Florida Statutes.

SIGNATURE: X [signature] GARRIDO, LUIS 04/30/04 954-3499610
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #