

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90219 009 ****50.00

DOCUMENT # L05000013788 1. Entity Name VCRK INVESTMENTS LLC					
Principal Place of Business 1820 N. CORPORATE LAKES BLVD. 108 WESTON, FL 33326			Mailing Address 1112 WESTON RD. 229 WESTON, FL 33326		
2. Principal Place of Business 1290 WESTON RD.		3. Mailing Address Suite, Apt. #, etc. SUITE 214			
City & State WESTON, FL		City & State WESTON, FL		4. FEI Number 20-3779766	
Zip 33326		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, ROBERTO E 1454 MEADOWS BLVD. WESTON, FL 33327				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Robert Rodriguez</i></u> DATE <u>03/21/06</u> <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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, VICTOR M 1820 N. CORPORATE LAKES BLVD. WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, VICTOR M. 1290 WESTON RD SUITE 214 WESTON FL 33326	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, KAREN A 1820 N. CORPORATE LAKES BLVD. WESTON, FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, KAREN A. 1290 WESTON RD SUITE 214 WESTON FL 33326	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, ROBERTO E 1454 MEADOWS BLVD. WESTON, FL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, ROBERTO E. 1290 WESTON RD SUITE 214 WESTON FL 33326	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BORGONOVO, CARLA 1454 MEADOWS BLVD. WESTON, FL 33327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BORGONOVO, CARLA 1290 WESTON RD SUITE 214 WESTON FL 33326	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<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: <u><i>Robert Rodriguez</i></u>		03/21/06 (754) 246 9748			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	