

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022124

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

FILED
May 15, 2006
Secretary of State

Current Principal Place of Business:

2700 GLADES CIRCLE, SUITE 111
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

2700 GLADES CIRCLE, SUITE 111
WESTON, FL 33327

New Mailing Address:

FEI Number: 43-2019913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GARRIDO, LUIS
2900 GLADES CIR STE 375
WESTON, FL 33327 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: MGRM () Delete
Name: FERREIRA, EDUARDO
Address: 2700 GLADES CIR STE 111
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: MENENDEZ, JOSE
Address: 2700 GLADES CIR STE 111
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: GARRIDO, LUIS
Address: 2700 GLADES CIR STE 111
City-St-Zip: WESTON, FL 33327

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS E. GARRIDO C.

MGRM

05/15/2006

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