2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000075025

1. Entity Name
VF PROPERTIES, LLC

Principal Place of Business	Mailing Address
3282 JASON DRIVE BELLMORE, NY 11710	3282 JASON DRIVE BELLMORE, NY 11710

DO NOT WRITE IN THIS SPACE

03122007No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-4640221
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LERMAN, CARLOS D ESQ
2611 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33020

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VIDRA, ANDREW
STREET ADDRESS	3282 JASON DRIVE
CITY-ST-ZIP	BELLMORE, NY 11710
TITLE	MGRM
NAME	FUCILE, LEONARD
STREET ADDRESS	285 E LEXINGTON AVE
CITY-ST-ZIP	OCEANSIDE, NY 11572
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/27/07-80096-016 50.00

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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: Andrew Vidra 3/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #