2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 03, 2007
Secretary of State

DOCUMENT# L00000000084

Entity Name: VIRTUAL UNIVERSITY NEWS, LLC

Current Principal Place of Business:

1160 KANE CONCOURSE, SUITE 300
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

Current Mailing Address:

1160 KANE CONCOURSE, SUITE 300
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

FEI Number: 04-3424694 **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:

WINER, ROBERT
1160 KANE CONCOURSE, SUITE 300
BAY HARBOR ISLANDS, FL 33154 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: WINER, MARILYN
Address: 6319 BRANDON ST
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGR (X) Delete
Name: WINER, ROBERT
Address: 1160 KANE CONCOURSE, SUITE 300
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WINER, ROBERT
Address: 1160 KANE CONCOURSE, SUITE 300
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT WINER MGRM 08/03/2007

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