2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L00000002896

Entity Name: VM OFFICE SERVICES, LLC

Current Principal Place of Business:

3007 RUM ROW
NAPLES, FL 34102

New Principal Place of Business:

3007 RUM ROW
NAPLES, FL 34102 US

Current Mailing Address:

3007 RUM ROW
NAPLES, FL 34102

New Mailing Address:

3007 RUM ROW
NAPLES, FL 34102 US

FEI Number: 62-1812656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICI, JAMES R
C/O COX & NICI
1185 IMMOKALEE RD, STE 110
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

NICI, JAMES R ESQ.
C/O COX & NICI
1185 IMMOKALEE RD, SUITE 110
NAPLES, FL 34110 US

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: JAMES R. NICI 01/04/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BODMAN, RICHARD S
Address: 3007 RUM ROW
City-St-Zip: NAPLES, FL 34102

Title: MGR ( ) Delete
Name: BODMAN, KARNA S
Address: 3007 RUM ROW
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BODMAN, RICHARD S
Address: 3007 RUM ROW
City-St-Zip: NAPLES, FL 34102 US

Title: MGR (X) Change ( ) Addition
Name: BODMAN, KARNA S
Address: 3007 RUM ROW
City-St-Zip: NAPLES, FL 34102 US

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: RICHARD S. BODMAN MGR 01/04/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date