2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR

FILED DOCUMENT # L00000009657 Sep 09, 2008 08:00 AM Secretary of State 1. Entity Name VISHAY L.L.C. Principal Place of Business Mailing Address 7512 DR. PHILLIPS BLVD., #50 7512 DR. PHILLIPS BLVD., #50 ORLANDO, FL 32819 ORLANDO, FL 32819 09032008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3670406 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AMRATLAL, VIPULKUMAR DO NOT WRITE 6436 CRESTMONT GLEN AVE WINDERMERE, FL 34786 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS TITLE MGRM NAME AMRATLAL, VIPULKUMAR STREET ADDRESS 6436 CRESTMONT GLEN LANE CITY-ST-ZIP WINDERMERE, FL 34786 TITLE MGRM 000000959250 09/03/08-80003-008 143.75 NAME AMRATLAL, VIPULKUMAR STREET ADDRESS 6436 CRESTMONT GLEN LANE CITY-ST-ZIP WINDERMERE, FL 34786 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7(P 11. I hereby certify that the information supplied with this filling 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 for trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

407-701-4350

Daytime Phone #