


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90025 026 ****50.00

DOCUMENT # L00000015807	
1. Entity Name VHP INVESTMENTS, LLC	

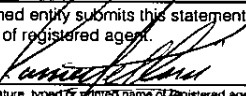
Principal Place of Business 725 PRIMERA BLVD., STE. 130 LAKE MARY, FL 32746	Mailing Address 725 PRIMERA BLVD., STE. 130 LAKE MARY, FL 32746
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2. Principal Place of Business 1515 INTERNATIONAL PKWY.	3. Mailing Address 1515 INTERNATIONAL PKWY.
Suite, Apt. #, etc. SUITE 3001	Suite, Apt. #, etc. SUITE 3001
City & State LAKE MARY, FL	City & State LAKE MARY, FL
Zip 32746	Country

	
03282005 Chg-LLC	CR2E083 (10/03)
4. FEI Number 02-0676690	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

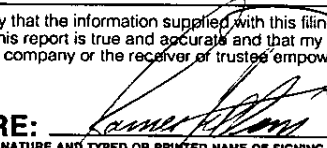
6. Name and Address of Current Registered Agent	
PELLONI, JAMES 725 PRIMERA BLVD., STE. 130 LAKE MARY, FL 32746	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PELLONI, VIRGINIA H 725 PRIMERA BLVD., STE. 130 LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PELLONI, VIRGINIA H. 1515 INTERNATIONAL PKWY, STE 3001 LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Date Daytime Phone #