

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008175

Entity Name: VGT, LLC

FILED
Feb 03, 2004
Secretary of State

Current Principal Place of Business:

1200 BRICKELL AVE. SUITE 900
C/O AGI REGISTERED AGENTS, INC.
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1200 BRICKELL AVE. SUITE 900
C/O AGI REGISTERED AGENTS, INC.
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-1117282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE.
SUITE 900
MIAMI, FL 33131 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/MEMBERS:

Title: MGR () Delete
Name: TAIARIOL, VICTOR
Address: 1200 BRICKELL AVE. SUITE 900
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: TAIARIOL, LEANDRO F
Address: 1200 BRICKELL AVE. SUITE 900
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: PARISI, GUSTAVO D
Address: 1200 BRICKELL AVE. SUITE 900
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VICTOR TAIARIOL

MGR

02/03/2004

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