

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90357 008 ****50.00

DOCUMENT # L01000013243					
1. Entity Name VICTORIA PLACE APARTMENTS, LLC					
Principal Place of Business 12612 VICTORIA PL CIRCLE ORLANDO, FL 32828			Mailing Address 11200 ROCKVILLE PL STE 502 ROCKVILLE, MD 20852		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 11200 ROCKVILLE PIKE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01122007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 59-3739002	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KGH CORPORATION		NAME	V.P. MANAGER, INC.	
STREET ADDRESS	730 BONNIE BRAE STREET		STREET ADDRESS	11200 ROCKVILLE PIKE, SUITE 502	
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	ROCKVILLE, MD 20852	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>John S. Crawford</i>		Date: <i>4/16/07</i>		Daytime Phone #: <i>(301) 945-4300</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					