

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013243

FILED
Jan 13, 2009
Secretary of State

Entity Name: VICTORIA PLACE APARTMENTS, LLC

Current Principal Place of Business:

12612 VICTORIA PL CIRCLE
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

11200 ROCKVILLE PIKE
STE 502
ROCKVILLE, MD 20852

New Mailing Address:

FEI Number: 59-3739002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MANAGERS:

Title: MGRM () Delete
Name: VP MANAGER, INC
Address: 11200 ROCKVILLE PIKE STE 502
City-St-Zip: ROCKVILLE, MD 20852

Title: MGRM () Delete
Name: BRESHER & REINER, INC.
Address: 11200 ROCKYVILLE PIKE SUITE 502
City-St-Zip: ROCKVILLE, MD 20852

Title: MGRM () Delete
Name: VENTURA, JAMES P
Address: 11200 ROCKVILLE PIKE STE 502
City-St-Zip: ROCKVILLE, MD 20852

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VP MANAGER, INC.
Address: 11200 ROCKVILLE PIKE STE 502
City-St-Zip: ROCKVILLE, MD 20852

Title: MGRM (X) Change () Addition
Name: BRESLER & REINER, INC.
Address: 11200 ROCKVILLE PIKE, SUITE 502
City-St-Zip: ROCKVILLE, MD 20852

Title: MGRM (X) Change () Addition
Name: VENTURA, JAMES P
Address: 11200 ROCKVILLE PIKE, STE 502
City-St-Zip: ROCKVILLE, MD 20852

I hereby certify that the information supplied with this filing does not qualify 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: JEAN S. CAFARDI

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01/13/2009

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