


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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

04-14-2005 90027 042 ****50.00

DOCUMENT # L01000014856		
1. Entity Name VINJAVAGAR, L.L.C.		

Principal Place of Business 112 BRIDGE STREET BRADENTON BEACH, FL 34217	Mailing Address C/O BRIDGEWALK PARTNERS 100 BRIDGE ST BRADENTON BEACH, FL 34217
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2. Principal Place of Business 104 BRIDGE STREET Suite, Apt. #, etc. BRADENTON BEACH, FL	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip 34217	Country MANATEE

01262005	Chg-LLC	CR2E083 (10/03)
4. FEI Number 65-1149594	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 WICKMAN & WYCKOFF, P.A. 4909 MANATEE AVE. WEST BRADENTON, FL 34209	7. Name and Address of New Registered Agent Name: BARBARA A. RODOCKER Street Address (P.O. Box Number is Not Acceptable) 100 BRIDGE STREET City: BRADENTON BEACH, FL Zip Code: 34217
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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: Barbara A. Rodocker DATE: 1/26/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 RODOCKER, BARBARA A 1301 GULF DRIVE NORTH BRADENTON BEACH, FL 34217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 BRIDGE STREET
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODOCKER, ANGELA J 1301 GULF DRIVE NORTH BRADENTON BEACH, FL 34217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 BRIDGE STREET
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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
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

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: Barbara A. Rodocker DATE: 1/26/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE