


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000014856			
1. Entity Name VINJAVAGAR, L.L.C.			
Principal Place of Business 104 BRIDGE STREET BRADENTON BEACH, FL 34217	Mailing Address C/O BRIDGEWALK PARTNERS 100 BRIDGE ST BRADENTON BEACH, FL 34217		
DO NOT WRITE IN THIS SPACE		 01312007 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 65-1149594	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RODOCKER, BARBARA A 100 BRIDGE STREET BRADENTON BEACH, FL 34217		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		<div style="margin-bottom: 20px;">U00000678713 04/03/07-80009-017 50.00</div> DO NOT WRITE IN THIS SPACE	
TITLE	MGR		
NAME	RODOCKER, BARBARA A		
STREET ADDRESS	100 BRIDGE STREET		
CITY-ST-ZIP	BRADENTON BEACH, FL 34217		
TITLE	MGR		
NAME	RODOCKER, ANGELA J		
STREET ADDRESS	100 BRIDGE STREET		
CITY-ST-ZIP	BRADENTON BEACH, FL 34217		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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: 		3/23/07 944-779-2545	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	