


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
- Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000003711 1. Entity Name V.P.I. MANAGEMENT CO., LLC	
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Principal Place of Business 2201 CORPORATE SQUARE BLVD. JACKSONVILLE, FL 32216	Mailing Address 2201 CORPORATE SQUARE BLVD. JACKSONVILLE, FL 32216
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02242005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2513484	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent AMERICAN TECHNICAL CERAMICS(FLORIDA),INC. ATTN:KATHLEEN M KELLY 2201 CORPORATE SQUARE BLVD JACKSONVILLE, FL 32216	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INSETTA, VICTOR D 8444 SAN JOSE BLVD JACKSONVILLE, FL 32216
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03/25/05-R00004-002 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____