

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005579

Entity Name: VERNACULAR LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

6872 BITTERSWEET LN
ORLANDO, FL 32819

New Principal Place of Business:

4141 BAYSHORE BLVD
902
TAMPA, FL 33611

Current Mailing Address:

P.O. BOX 691625
ORLANDO, FL 328691625

New Mailing Address:

4141 BAYSHORE BLVD
902
TAMPA, FL 33611

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, ARMANDO
6872 BITTERSWEET LN
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

RAMIREZ, ARMANDO
4141 BAYSHORE BLVD
902
ORLANDO, FL 32819 US

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:

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: M.E.T.A., INC.,
Address: 6872 BITTERSWEET LANE
City-St-Zip: ORLANDO, FL 32819

Title: PT () Delete
Name: ARMANDO, RAMIREZ
Address: 6872 BITTERSWEET LN
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: M.E.T.A., INC.,
Address: 4141 BAYSHORE BLVD #902
City-St-Zip: TAMPA, FL 33611

Title: PT (X) Change () Addition
Name: ARMANDO, RAMIREZ
Address: 4141 BAYSHORE BLVD #902
City-St-Zip: TAMPA, FL 33611

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: ARMANDO RAMIREZ

PT

04/30/2007

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