

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000007642

1. Entity Name
VCAN GROUP, L.L.C.



Principal Place of Business
4407 VINELAND RD., D-12
ORLANDO, FL 32811

Mailing Address
4407 VINELAND RD., D-12
ORLANDO, FL 32811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004 Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0585459

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, SCOTT E ESQ
111 N. ORANGE AVE., STE. 1200
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rehashing)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE D ☐ Delete
NAME BARNES, VINCENT R
STREET ADDRESS 4407 VINELAND RD D-12
CITY-ST-ZIP ORLANDO, FL 32811

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ Delete
NAME LAHMAN, DAVID H
STREET ADDRESS 4407 VINELAND RD D-12
CITY-ST-ZIP ORLANDO, FL 32811

TITLE ☐ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 member 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

2004 MAY -3 AM 8:00

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

504132901092

05/03/04 90125 039 \$50.00

