

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

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**



01112006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0585459	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

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

**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 _____ (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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, VINCENT R 4407 VINELAND RD D-12 ORLANDO, FL 32811
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEHMAN, DAVID H 4407 VINELAND RD D-12 ORLANDO, FL 32811
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/01/06-80036-014 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *David H. Lehman* **Managing Dir.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/5/06

Date

**407-
423-7848**

Daytime Phone #