

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000008471  
 1. Entity Name  
 V-F, LLC



Principal Place of Business      Mailing Address  
 438 W. KALEY STREET              438 W. KALEY STREET  
 ORLANDO, FL 32806              ORLANDO, FL 32806

**DO NOT WRITE IN THIS SPACE**



01132005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired        \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 VOORHEES, DONALD D  
 636 E. CLUB CIRCLE  
 LONGWOOD, FL 32779

**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 \_\_\_\_\_

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

000000200883  
 01/28/05-80045-012 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VOORHEES, DONALD D 636 E. CLUB CIRCLE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOORHEES, GREGORY D 746 RIVERBEND BLVD. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(f), 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: Gregory D. Voorhees      01/13/05      407-841-4270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #