


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000012252 1. Entity Name VHS COMMODITIES, LLC		
Principal Place of Business 5019 EXETER DRIVE FORT WAYNE, IN 46815	Mailing Address 5019 EXETER DR FT. WAYNE, IN 46815	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VAUGHN, RICHARD L 12481 W. FOSS GROVE PATH INGLIS, FL 34449		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
03/29/04-80067-024 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAUGHN, RICHARD L 12481 W. FOSS GROVE PATH INGLIS, FL 34449	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLT, DANIEL W 3RD 1100 PINELLAS BAYWAY TIERRA VERDA, FL 33715	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SULLIVAN, WILLIAM F 5019 EXETER DR FORT WAYNE, IN 46815	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: <i>William F. Sullivan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		3-25-04 260-484-0359 <small>Date Daytime Phone #</small>