


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90041 043 ****50.00

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
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40070000

2. Principal Place of Business - No P.O. Box # 11929 N. STROHS DR.	3. Mailing Address 11929 N. STROHS DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.



03282007 Chg-LLC CR2E083 (12/06)

City & State SYRACUSE, IN.	City & State SYRACUSE, IN.
Zip 46567	Country
Country	Zip 46567
Country	Country

4. FEI Number 37-1433115	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
VAUGHN, RICHARD L 12481 W. FOSS GROVE PATH INGLIS, FL 34449	

7. Name and Address of New Registered Agent	
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 <i>William F. Sullivan</i>	DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VAUGHN, RICHARD L 12481 W. FOSS GROVE PATH INGLIS, FL 34449 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOLT, DANIEL W 3RD 1100 PINELLAS BAYWAY TIERRA VERDA, FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SULLIVAN, WILLIAM F 5019 EXETER DR FORT WAYNE, IN 46815 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SULLIVAN, WILLIAM F 11929 N. STROHS DR. SYRACUSE, IN. 46567 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>William F. Sullivan</i>	4-17-07 260-438-0144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #