2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 05, 2005 08:00 AM Secretary of State DOCUMENT # L02000012731 1. Entity Name VPS ENTERPRISES, LLC Principal Place of Business Mailing Address 1654 WALTON ROAD 1654 WALTON ROAD PORT ST. LUCIE, FL 34952 PORT ST. LUCIE, FL 34952 04252005 No Cha-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 74-3045124 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPARACINO, PHILIP DO NOT WRITE 1654 WALTON ROAD PORT ST. LUCIE, FL 34952 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 or printed some of registered agent and little if applicable. Filing Fee is \$50.00 Due by May 1, 2005 U00000363226 80150-016-150.00 MANAGING MEMBERS/MANAGERS 9. TITLE MGR NAME SPARACINO, PHILIP STREET ACCRESS 1654 WALTON ROAD CITY-ST-ZIP PORT ST. LUCIE, FL 34952 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 cath, 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.

EMMOR

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED