


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90025 006 ****55.00

DOCUMENT # L02000017929

1. Entity Name
 VGC, LLC



Principal Place of Business
 5551 RIDGEWOOD DRIVE, SUITE 203
 NAPLES FL 34108

Mailing Address
 5551 RIDGEWOOD DRIVE, SUITE 203
 NAPLES FL 34108



2. Principal Place of Business
 800 Laurel Oak Dr.
 Suite, Apt. #, etc.
 #300

3. Mailing Address
 800 Laurel Oak Dr.
 Suite, Apt. #, etc.
 #300

1st MOORE CR2E083 (10/04)

City & State
 Naples, FL

City & State
 Naples, FL

Zip
 34108

Country
 USA

Zip
 34108

Country
 USA

4. FEI Number
 14-1843003

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KEELEY, PETER L ESO
 GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA
 5551 RIDGEWOOD DRIVE, SUITE 501
 NAPLES FL 34108

7. Name and Address of New Registered Agent

Name
 G. Helen Athan Esq

Street Address (P.O. Box Number is Not Acceptable)
 Grant, Fridkin, Pearson, Athan & Crown, P.A.
 5551 Ridgewood Dr., #501

City
 Naples

FL Zip Code
 34108

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 [Signature] DATE 3/31/05

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

| 9. MANAGING MEMBERS / MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SHARPE, KEITH A 5551 RIDGEWOOD DR., #203 NAPLES FL 34108 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS / CHANGES | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 Laurel Oak Dr., #300 Naples, FL 34108 |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

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: [Signature] DATE 3/31/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #