


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90074 047 ****55.00

| | |
|---|---|
| DOCUMENT # L02000017929 1. Entity Name VGC, LLC |  |
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|---|---|
| Principal Place of Business 800 LAUREL OAK DR SUITE 300 NAPLES, FL 34108 | Mailing Address 800 LAUREL OAK DR SUITE 300 NAPLES, FL 34108 |
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03222006 No Chg-LLC CR2E083 (11/05)

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|----------------------------------|---|
| 4. FEI Number 14-1843003 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

ATHAN, ESQ., G. HELEN
 GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA
 5551 RIDGEWOOD DRIVE, SUITE 501
 NAPLES, FL 34108

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

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR SHARPE, KEITH A 800 LAUREL OAK DR., SUITE 300 NAPLES, FL 34108 |
| 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 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____