

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90024 035 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L02000020954 1. Entity Name V.V.T., LLC			
Principal Place of Business 5817 SO RIDGEWALK PORT ORANGE, FL 32127		Mailing Address 2250 S. NOVA ROAD, SUITE 9 SOUTH DAYTONA, FL 32119	
2. Principal Place of Business 5817 S. Ridgewood Ave.		3. Mailing Address 5817 S. Ridgewood Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port Orange, FL		City & State Port Orange, FL	
Zip 32127	Country Volusia	Zip 32127	Country Volusia
4. FEI Number 43-1969877		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04272004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent FRIEBIS, DANIEL S 3890 TURTLE CREEK DRIVE, SUITE B-1 PORT ORANGE, FL 32127		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BECKER, ROBERT T 765 HORSEMAN DRIVE PORT ORANGE, FL 321274903	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BECKER, SUSAN M 765 HORSEMAN DRIVE PORT ORANGE, FL 321274903	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ 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: <i>Sam Bue</i>		Date: 4/28/04 Daytime Phone #: 386-760-2280	