2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L02000021055

1. Entity Name
VDL MANAGEMENT, LLC



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

08 MAY - 1 AM 10: 11

Principal Place of Business

SIGNATURE:

1768 PARK CENTER DRIVE, SUITE 400 ORLANDO, FL 32801

Mailing Address

1768 PARK CENTER DRIVE, SUITE 400 ORLANDO, FL 32801



04212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For		
<u>20-0</u> 439170	Not Applicable		
5. Certificate of Status Desired	\$5.00 Additional Fee Required		

mini.

6. Name and Address of Current Registered Agent

WHWW, INC. 390 NORTH ORANGE AVE., SUITE 1500 ORLANDO, FL 32801

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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_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE				
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	100 05/02/08	128282721 01003005 **6175.00				
9.	MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOWNSEND, DAVID J 1768 PARK CENTER DRIVE, SUITE 400 ORLANDO, FL 32801						
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NAME			- Indiana - Indiana				
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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.							