## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Feb 12, 2007 8:00 am Secretary of State 02-12-2007 90312 002 \*\*\*\*50.00 DOCUMENT # L02000023792 1. Entity Name VANÉLTA LLC Principal Place of Business Mailing Address 60015066 1690 UNITED STATES ONE SOUTH 1690 UNITED STATES ONE SOUTH SUITE E SAINT AUGUSTINE, FL 32084 SAINT AUGUSTINE, FL 32084 02082007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2281569 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEVANÉ, HARVEY D JR. DO NOT WRITE 1690 US 1 SOUTH, STE E ST. AUGUSTINE, FL 32084 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. Signature, typed of 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, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM : TITLE DEVANE, JR., HARVEY D.JR. NAME 1690 UNITED STATES ONE SOUTH SUITE E STREET ADDRESS CITY-ST-ZIP SAINT AUGUSTINE; FL 32084 MGRM TITLE NAME ASSELTA, JAMES J 1690 UNITED STATES ONE SOUTH SUITE E STREET ADDRESS SAINT AUGUSTINE, FL 32084 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

**FILED**