2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L02000025112

Entity Name: VONBO, LLC

Current Principal Place of Business:

1155 35TH LANE STE 100
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1155 35TH LANE STE 100
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 22-3890238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLOCK, SAMUEL A ESQ.
979 BEACHLAND BLVD.
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	COREN, SETH D	
Address:	1155 35TH LANE STE 100	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	MGR	( ) Delete
Name:	NICHOLS, GEORGE K MD	
Address:	1155 35TH LANE STE 100	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	MGR	( ) Delete
Name:	HICKMAN, JR., GUY H MD	
Address:	1155 35TH LANE STE 100	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	MGR	( ) Delete
Name:	SHAFER, STUART JAMES	
Address:	1155 35TH LANE STE 100	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	MGR	( ) Delete
Name:	KANE, WILLIAM MD	
Address:	1155 35TH LANE ST E100	
City-St-Zip:	VERO BEACH, FL 32960	
Title:	MGR	( ) Delete
Name:	PEDEN, JOHN MD	
Address:	1155 35TH LANE STE 100	
City-St-Zip:	VERO BEACH, FL 32960	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SETH D COREN MGRM 01/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date