2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000029658

1. Entity Name
VML HOLDINGS, LLC



FILED Apr 07, 2008 08:00 All Secretary of State

Principal Place of Business

2121 PONCE DE LEON BLVD.

SUITE 330

CORAL GABLES, FL 33134

Mailing Address

2121 PONCE DE LEON BLVD.

SUITE 330

CORAL GABLES, FL 33134



01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 83-0340589 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, MICHAEL ESQ. 2121 PONCE DE LEON BLVD. SUITE 330 CORAL GABLES, FL 33134

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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 Floring in the state of Flori	orida. 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

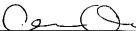
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000882813 04/16/08-80054-022 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FAJARDO, MICHELLÉ 17465 SW 143 PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, VIVIAN E 10836 SW 145 COURT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, LUIS A 10836 SW 145TH COURT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
THTLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS	·

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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:



Unclase Ornz Anh. Red. 3/12/108 305 475 527

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

Date

Daytime Phone #