



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90147 043 ****50.00

DOCUMENT # L03000009638 1. Entity Name VR 360, L.L.C.					
Principal Place of Business 4793 W. IRLO BRONSON HWY 310-D KISSIMMEE, FL 34746			Mailing Address 4793 W. IRLO BRONSON HWY 310-D KISSIMMEE, FL 34746		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 56-2364598				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01182007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent LENOX, DAVID R ESQ GREENSPOON, MARDER, HIRSCHFELD, ET AL 135 WEST CENTRAL BLVD., STE. 1100 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) (CHANGE OF ADDRESS ONLY, REGISTERED AGENT THE SAME) 201 EAST PINE ST, SUITE 500 City ORLANDO FL Zip Code 32801		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 3, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ARNOTT, MALCOLM R 1138 LIBERTY HALL DR. KISSIMMEE, FL 34746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR M 116 OLYMPUS DRIVE OCOCHEE, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ARNOTT, JAMES 1138 LIBERTY HALL DR. KISSIMMEE, FL 34746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR M ARNOTT, JAMES M 116 OLYMPUS DRIVE OCOCHEE, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ARNOTT, HEATHER J 1138 LIBERTY HALL DRIVE KISSIMMEE, FL 34746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR M 116 OLYMPUS DRIVE OCOCHEE, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			HEATHER J. ARNETT		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 1/18/07		Daytime Phone # 321 284 4113