2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000015016

1 Printy Harpe
VA PROPERTIES, LLC



FILED Apr 10, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

250 SPRING RIDGE DRIVE DALLAS, GA 30157 250 SPRING RIDGE DRIVE DALLAS, GA 30157



04072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 05-0569536 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUART, ERNEST J 101 EAST KENNEDY BOULEVARD, SUITE 2800 TAMPA, FL 33602-5151

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8	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)

<u>Прародост</u>бе

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

04/22/08-80092-024 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CARROLL, VIRGINIA L
STREET ADDRESS	250 SPRING RIDGE DRIVE
CITY-ST-ZIP	DALLAS, GA 30157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
MILE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TTLE	
HAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	* * * * * * * * * * * * * * * * * * * *
STREET ADDRESS	• •
CMY-ST-ZIP	

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11. I hereby certify that the information supplied with this fiting 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IGNATURE: Virginia L. Carroll

SIGNATURE: Virginia J. Carroll

SIGNATURE AND TYPED OF UPPNITED NAME OF SIGNONG MANAGONG MERRER, OR AUTHORIZED REPREN

4-07-2008

943-5897

Daytime Phone #