2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

يعرزاء المسيرط

DOCUMENT # L03000021340 1. Entity Name VLF HOLDINGS, LLC

FILED Mar 03, 2008 08:00 Al Secretary of State

3814 CURTI	pal Place of Business CURTIS PKWY NA GARDENS, FL 33166 US Mailing Address 3814 CURTIS PKWY VIRGINA GARDENS, FL VIRGINA GARDENS, FL		-	6 US			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				ACE	01222008 No Chg-LLC CR2E083 (12/07) 4. FEI Number Applied For Not Applicable 20-0070381 Not Applicable 5. Certificate of Status Desired Status Desired Fee Required		
HORNSTEIN, MIKE 3814 CURTIS PKWY. VIRGINIA GARDENS, FL 33166				,	DO NOT WRITE 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 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							
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM LA FORGIA, VITO 3814 CURTIS PK VIRGINIA GARDE MGRM LA FORGIA, LUC 3814 CURTIS PK	WY ENS, FL 33166 RETIA	S/MANAGERS		U00000846894 03/18/08-80047-001 138.75		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIRGINIA GARDE	NS, FL 33166			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			···		IN THIS SPACE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS		*		. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · ·		

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

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