

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/31

**FILED**  
**May 25, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90145 012 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                |                                                                                                                                                                        |                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L03000022124</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                |                                                                                                                                                                        |  |  |
| 1. Entity Name<br>832 VP, LLC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                |                                                                                                                                                                        |                                                                                   |  |
| Principal Place of Business<br>2900 GLADES CIRCLE, SUITE 375<br>WESTON, FL 33327                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                | Mailing Address<br>2900 GLADES CIRCLE, SUITE 375<br>WESTON, FL 33327                                                                                                   |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                | 3. Mailing Address                                                                                                                                                     |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                | Suite, Apt. #, etc.                                                                                                                                                    |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                | City & State                                                                                                                                                           |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                         | Zip                                            | Country                                                                                                                                                                | 4. FEI Number <b>43-2019913</b> Applied For Not Applicable                        |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                |                                                                                                                                                                        | 04292004 Chg-LLC CR2E083 (10/03)                                                  |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                | 7. Name and Address of New Registered Agent                                                                                                                            |                                                                                   |  |
| NATHAN, RANDY J<br>C/O FRANK WEINBERG & BLACK, P.L.<br>7805 S.W. 6TH COURT<br>PLANATON, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                | Name <b>GARRIDO, LUIS</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2900 GLADES CIRCLE, SUITE 375</b><br>City <b>WESTON</b> FL Zip Code <b>33327</b> |                                                                                   |  |
| 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 <i>[Signature]</i><br>Signature, typed or printed name of registered agent and title if applicable.                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                | GARRIDO, LUIS<br>DATE <b>04/30/04</b><br>DATE                                                                                                                          |                                                                                   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                | Make check payable to:<br>Florida Department of State                                                                                                                  |                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                | 10. ADDITIONS/CHANGES                                                                                                                                                  |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                                                           |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |                                                                                   |  |
| 11. I hereby certify that the information supplied herein does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>[Signature]</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, RECEIVER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                | GARRIDO, LUIS<br>DATE <b>04/30/04</b><br>Daytime Phone # <b>954-349610</b>                                                                                             |                                                                                   |  |