

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024149

Entity Name: VN & PARTNERS LLC

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

1521 ALTON ROAD
SUITE # 665
MIAMI BEACH, FL 33139

New Principal Place of Business:

1417 NW 98TH STREET
MIAMI, FL 33147 US

Current Mailing Address:

1521 ALTON ROAD
SUITE # 665
MIAMI BEACH, FL 33139

New Mailing Address:

1417 NW 98TH STREET
MIAMI, FL 33147 US

FEI Number: 76-0736205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICLOT, VIRGINIE
1521 ALTON ROAD
SUITE # 665
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

NICLOT, VIRGINIE MGR
1417 NW 98TH STREET
MIAMI, FL 33147 US

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.

SIGNATURE: VIRGINIE NICLOT

02/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NICLOT, VIRGINIE
Address: 1521 ALTON ROAD, SUITE # 665
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MRS (X) Change () Addition
Name: NICLOT, VIRGINIE MGR
Address: 1417 NW 98TH STREET
City-St-Zip: MIAMI, FL 33147 US

Title: MR () Change (X) Addition
Name: BAGUET, JEAN-FRANCOIS GM
Address: 1417 NW 98TH STREET
City-St-Zip: MIAMI, FL 33147 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VIRGINIE NICLOT

MGR

02/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date