2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000024320

1. Entity Name
VPP, L.L.C.

Principal Place of Business	Mailing Address
42 BARKLEY CIRCLE #3 FORT MYERS, FL 33907	42 BARKLEY CIRCLE #3 FORT MYERS, FL 33907

DO NOT WRITE IN THIS SPACE

01162006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0239949
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, RONALD L
42 BARKLEY CIRCLE #3
FORT MYERS, FL 33907

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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 _____ DATE

(Signature, typed or printed name of registered agent and title if applicable) (DATE Registered Agent's signature required where applicable) (DATE)

Filing Fee is $50.00
Due by May 1, 2006

100000497133
04/22/06-80042-011 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	DAVIS, RONALD L
STREET ADDRESS	42 BARKLEY CIRCLE #3
CITY ST ZIP	FORT MYERS, FL 33907
TITLE	MGR
NAME	D'ANDREA, ROBERT L
STREET ADDRESS	42 BARKLEY CIRCLE #3
CITY ST ZIP	FORT MYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

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: R. D'Andrea Robert D'Andrea 4-3-06 239-277-1101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone Number