


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L03000025925<br>1. Entity Name<br>VJS HOLDINGS, LLC |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>2317 NORTH DOVER ROAD<br>DOVER, FL 33527 | Mailing Address<br>P.O. BOX 417<br>SYDNEY, FL 33587 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



|   |                                       |
|---|---------------------------------------|
| 01112006No Chg-LLC  | CR2E083 (11/05)                       |
| 4. FEI Number<br>20-0103431                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

NORMAN, CHRISTOPHER H  
 315 S. HYDE PARK AVENUE  
 TAMPA, FL 33606

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SCHAFFER, MARY V<br>5961 HARVEY TEW ROAD<br>PLANT CITY, FL 33565 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MALLARD, MARIE J<br>P.O. BOX 401<br>DURANT, FL 33530             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>FISHER, MARTHA S<br>P.O. BOX 417<br>SYDNEY, FL 33587             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

UD0000388688  
 01/20/06-80015-022 50.00

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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:** Martha S. Fisher 01/13/06 (813)659-1846

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