2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90129 016 ****50.00

DOCUMENT # L03000026897 1. Entity Name VM, LLC						05-02-2005 90129 016 ****50.00
Principal Place of Business 10900 STACEY LANE BOCA RATON, FL 33428			Mailing Address 10900 STACEY LANE BOCA RATON, FL 33428			_ დიიკაეგე
2. Principal Place of Business Ru			3. Mailing Address /700 Dover Ld			
Suite, Apt. # Jos A			Suite, Any #, etc.			02192005 Chg-LLC CR2E083 (10/03)
Delray Beach FL			Delray Beach FL			4. FEI Number Applied For 20-0108064 Not Applicable
^{Zip} 3344	15	Country	Zip 33445	Coun	"USA	5. Certificate of Status Desired S5.00 Additional Fee Required
		and Address of Current F	egistered Agent		- tvamer'\	7. Name and Address of New Registered Agent
MILLER, VA 10900 STA	CEY LAN		Street Address (Street Address	
BOCA RAT	ON, FL 3	3428			1700	105 A
			Nelvay			Beach FL Zip 33445
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 1/5 / 15/65						
Signas/ve, hybed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating) DATE						
Fil Du	ing Fee i ie by May	s \$50.00 7 1, 2005				Make check payable to Florida Department of State
9.	MGRM	MANAGING MEMBER	RS/MANAGERS Delete	10.	. //	ADDITIONS/CHANGES ADDITIONS/CHANGES Addition
name Street address	MILLER, \ 10900 ST/	ACEY LANE	NAME #1:11			Her. Valerie 00 Doyer Rd # 105A
CITY-ST-ZIP	BOCA RA	TON, FL 33428	☐ Delete	TITLE		elrayBlach FL 33445 Change Addition
NAME Street address				nam Stre	ET ADDRESS	, 5
CITY-ST-ZIP		·	☐ Delete	TITLE	-ST-ZIP	☐ Change ☐ Addition
NAME			□ beacae	NAM	E	C stange C Auditor
STREET ADDRESS -	·				ET ADDRESS -ST-ZIP	
TITLE			☐ Delete	TITLE	i	☐ Change ☐ Addition
NAME STREET ADDRESS				NAM STRE	ET ADDRESS	
CITY-ST-ZIP TITLE			☐ Delete	TITLE	-S1-ZIP	☐ Change ☐ Addition
NAME			L Delete	NAM	Ε	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP	
TITLE	•		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS				NAM! STRE	ET AODRESS	
CITY-ST-ZIP	artifu that the	information supplied with	this filling dose not qualify for		-ST-ZIP	Section 119.07(3Vi) Florida Statutas I further certify that the information
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 flability company or the receiver or trustee embowered to execute this report as required by Chapter 608, Florida Statutes.						
SIGNATURE: 4 1/5/05						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date						