

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90129 016 \*\*\*\*50.00

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<b>DOCUMENT # L03000026897</b> 1. Entity Name VM, LLC																													
Principal Place of Business 10900 STACEY LANE BOCA RATON, FL 33428				Mailing Address 10900 STACEY LANE BOCA RATON, FL 33428																									
2. Principal Place of Business 1700 Dover Rd Suite, Apt. #, etc. # 105A City & State Delray Beach FL Zip 33445 Country USA		3. Mailing Address 1700 Dover Rd Suite, Apt. #, etc. # 105A City & State Delray Beach FL Zip 33445 Country USA		02192005 Chg-LLC CR2E083 (10/03)																									
4. FEI Number 20-0108064				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent MILLER, VALERIE 10900 STACEY LANE BOCA RATON, FL 33428																									
7. Name and Address of New Registered Agent Miller, Valerie Street Address (P.O. Box Number is Not Acceptable) 1700 Dover Rd # 105A City Delray Beach FL Zip Code 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 <i>[Signature]</i> DATE 4-15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MILLER, VALERIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10900 STACEY LANE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BOCA RATON, FL 33428</td> <td></td> </tr> </table>				TITLE	MGRM	<input type="checkbox"/> Delete	NAME	MILLER, VALERIE		STREET ADDRESS	10900 STACEY LANE		CITY - ST - ZIP	BOCA RATON, FL 33428		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Miller, Valerie</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1700 Dover Rd # 105A</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Delray Beach FL 33445</td> <td></td> </tr> </table>		TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Miller, Valerie		STREET ADDRESS	1700 Dover Rd # 105A		CITY - ST - ZIP	Delray Beach FL 33445	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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> DATE 4/15/05																									