

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027497

FILED
Apr 29, 2009
Secretary of State

Entity Name: VASCAM REALTY GROUP, LLC

Current Principal Place of Business:

46 NORTH WASHINGTON BLVD., SUITE 9
SARASOTA, FL 34236

New Principal Place of Business:

3307 CLARK ROAD
SUITE 201
SARASOTA, FL 34231

Current Mailing Address:

P.O. BOX 48587
SARASOTA, FL 34230

New Mailing Address:

P.O. BOX 17935
SARASOTA, FL 34276

FEI Number: 42-1600578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN NESS, W. SCOTT
46 N. WASHINGTON BLVD., SUITE 9
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

VAN NESS, W. SCOTT
3307 CLARK ROAD
SUITE 201
SARASOTA, FL 34231 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: W. SCOTT VAN NESS

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VAN NESS, W. SCOTT
Address: 46 NORTH WASHINGTON BLVD., SUITE 9
City-St-Zip: SARASOTA, FL 34236

Title: MGRM () Delete
Name: VAN NESS, VARINIA
Address: 46 NORTH WASHINGTON BLVD., SUITE 9
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VAN NESS, W. SCOTT
Address: 3307 CLARK ROAD, SUITE 201
City-St-Zip: SARASOTA, FL 34231

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: W. SCOTT VAN NESS

MGRM

04/29/2009

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