2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2008
Secretary of State

DOCUMENT# L03000030079

Entity Name: VIVE, L.L.C.

Current Principal Place of Business:

2646 EVERLETH CT.
LAKELAND, FL 33810

New Principal Place of Business:

4819 ISLAND SHORES LN.
LAKELAND, FL 33809

Current Mailing Address:

2646 EVERLETH CT.
LAKELAND, FL 33810

New Mailing Address:

4819 ISLAND SHORES LN.
LAKELAND, FL 33809

FEI Number: 20-0151242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PATEL, INDRAPRAKASH B
2646 EVERLETH CT.
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

PATEL, INDRAPRAKASH B
4819 ISLAND SHORES LN.
LAKELAND, FL 33809 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: INDRAPRAKASH B. PATEL 02/10/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PATEL, INDRAPRAKASH B
Address: 2646 EVERLETH CT.
City-St-Zip: LAKELAND, FL 33810

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PATEL, INDRAPRAKASH B
Address: 4819 ISLAND SHORES LN.
City-St-Zip: LAKELAND, FL 33809

Title: MGR ( ) Change (X) Addition
Name: PATEL, RASHMIKA I
Address: 4819 ISLAND SHORES LN.
City-St-Zip: LAKELAND, FL 33809

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: INDRAPRAKASH B. PATEL MGRM 02/10/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date