


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90032 013 ***143.75

DOCUMENT # L03000032859	
1. Entity Name 801 VP, L.L.C.	

Principal Place of Business 2700 GLADES CIRCLE, SUITE 111 WESTON, FL 33327	Mailing Address 318 INDIAN TRACE, #307 WESTON, FL 33326
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2. Principal Place of Business - No P.O. Box # 2019 Harbor View Circle	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Weston, FL	City & State
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Zip 33327	Country Broward	Zip	Country
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60034453



04242008 Chg-LLC CR2E083 (12/06)

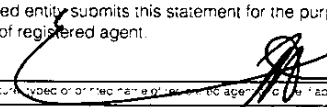
4. FEI Number 27-0067422	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NS CORPORATE SERVICES INC. 1110 BRICKELL AVENUE SUITE 310 MIAMI, FL 33131

7. Name and Address of New Registered Agent Name Randy Nathan Street Address (P.O. Box Number is Not Acceptable) 7805 SW 6th COURT City PLANTATION FL Zip Code 33324
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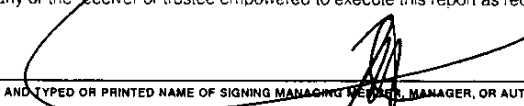
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE 04-24-2008
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FERREIRA, EDUARDO A 2019 HARBOR VIEW CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLAMIA, INC 9999 BAL HARBOUR TOWERS 11TH FLOOR BAL HARBOUR, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 04-24-08 (86)2738282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE DAY: 04 MONTH: 24 YEAR: 08