
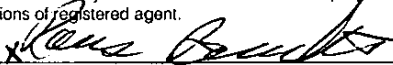
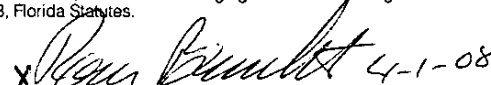


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90069 038 \*\*\*138.75

<b>DOCUMENT # L03000038356</b> 1. Entity Name <b>VITOROSA PROPERTIES, LLC</b>					
Principal Place of Business <b>9005 GARDENS FLEN CIRCLE PALM BEACH GARDENS, FL 33418</b>			Mailing Address <b>9005 GARDENS FLEN CIRCLE PALM BEACH GARDENS, FL 33418</b>		
2. Principal Place of Business - No P.O. Box # <b>9005 Gardens Glen Circle</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>9005 Gardens Glen Circle</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Palm Beach Gardens, FL</b>		City & State <b>Palm Beach Gardens, FL</b>		4. FEI Number <b>20-1384921</b>	
Zip <b>33418</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BARBUTO, ROSA 9005 GARDENS FLEN CIRCLE PALM BEACH GARDENS, FL 33418</b>				7. Name and Address of New Registered Agent  Name <b>Barbuto, Rosa</b> Street Address (P.O. Box Number is Not Acceptable) <b>9005 Gardens Glen Circle</b>  City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33418</b>	
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 <b>4-1-08</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete <b>BARBUTO, ROSA 9005 GARDENS FLEN CIRCLE PALM BEACH GARDENS, FL 33418</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</b> <b>Barbuto, Rosa 9005 Gardens Glen Circle Palm Beach Gardens, FL 33418</b>	
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	
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: <b>X</b> <b>Rosa Barbuto, Manager</b>  <b>4-1-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					