

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042399

Entity Name: VGS HOMES, LLC

FILED  
Jan 21, 2006  
Secretary of State

## Current Principal Place of Business:

318 INDIAN TRACE, #108  
WESTON, FL 33326

## New Principal Place of Business:

318 INDIAN TRACE # 108  
WESTON, FL 33326

## Current Mailing Address:

318 INDIAN TRACE, #108  
WESTON, FL 33326

## New Mailing Address:

318 INDIAN TRACE # 108  
WESTON, FL 33326

FEI Number: 20-0354060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: VASQUEZ, JORGE  
Address: 318 INDIAN TRACE, #108  
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete  
Name: STASI, ROMANO  
Address: 318 INDIAN TRACE, #108  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: VASQUEZ, JORGE  
Address: 318 INDIAN TRACE # 108  
City-St-Zip: WESTON, FL 33326

Title: MGR (X) Change ( ) Addition  
Name: STASI, ROMANO  
Address: 318 INDIAN TRACE # 108  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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: JORGE VASQUEZ

MGR

01/21/2006

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