


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90014 033 \*\*\*\*50.00

<b>DOCUMENT # L03000044012</b> 1. Entity Name <b>VO ENTERPRISES II, LLC</b>					
Principal Place of Business <b>4729 HIGHLANDS PLACE CIRCLE LAKELAND, FL 33813 US</b>			Mailing Address <b>4729 HIGHLANDS PLACE CIRCLE LAKELAND, FL 33813 US</b>		
2. Principal Place of Business		3. Mailing Address <b>PO Box 7891</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Lakeland, FL</b>			
City & State		City & State <b>33807</b>			
Zip	Country	Zip	Country <b>POIK</b>	4. FEI Number <b>20-0408714</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>LY, PHUONG A 4729 HIGHLANDS PLACE CIR LAKELAND, FL 33813</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM VO, PHUC 4729 HIGHLANDS PLACE CIRCLE LAKELAND, FL 33813</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LY, PHUONG 4729 HIGHLANDS PLACE CIRCLE LAKELAND, FL 33813</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			<b>SIGNATURE: <u>Phuong A. Ly - Mgrm</u> 4/13/05 863-398-3545</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		