

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 18, 2005 8:00 am
Secretary of State

04-20-2005 90040 031 ****50.00

DOCUMENT # L03000044400

1. Entity Name
VCR, LLC



Principal Place of Business
**1630 S CONGRESS AVE, STE 300
PALM SPRINGS, FL 33461**

Mailing Address
**1630 S CONGRESS AVE, STE 300
PALM SPRINGS, FL 33461**

30006559



01282005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0390557

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GERSON, GARY N
1645 PALM BEACH LAKES BLVD, STE 1200
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	AQUA, KEITH MD
STREET ADDRESS	1630 S CONGRESS AVE # 300
CITY- ST- ZIP	LAKE WORTH, FL 33461
TITLE	MGRM
NAME	HERBST, SETH MD
STREET ADDRESS	1630 S CONGRESS AVE # 300
CITY- ST- ZIP	PALM SPRINGS, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Keith Aqua
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/16/05
Date Daytime Phone #