

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90170 018 ****50.00

DOCUMENT # L03000051876

1. Entity Name
VSK I, LLC



Principal Place of Business
323 GOLF COURSE RD
OWINGS MILLS, MD 21117

Mailing Address
323 GOLF COURSE RD
OWINGS MILLS, MD 21117

60028214



2. Principal Place of Business - No P.O. Box #
791 Crandon Blvd, PH 5

3. Mailing Address
791 Crandon Blvd, PH 5

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012007 Chg-LLC CR2E083 (12/06)

City & State
Key Biscayne, FL

City & State
Key Biscayne, FL

4. FEI Number
20-8646597

Applied For
Not Applicable

Zip
33149

Country
USA

Zip
33149

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
MGR
TENDLER, SONIA
STREET ADDRESS
323 GOLF COURSE ROAD
CITY-ST-ZIP
OWINGS MILLS, MD 21117 ☐ Delete

TITLE
NAME
Mgr
Tendler, Sonia
STREET ADDRESS
791 Crandon Blvd, PH 5
CITY-ST-ZIP
Key Biscayne, FL 33149 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Sonia Tendler

3-10-07

443-280-2288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #