

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052733

FILED
Mar 29, 2006
Secretary of State

Entity Name: VERTICAL VAR FLORIDA, LLC

Current Principal Place of Business:

13632 DOWLING LN
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

3168 MERCER UNIVERSITY DR
SUITE 100
CHAMBLEE, GA 30341

New Mailing Address:

FEI Number: 04-3780087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, TOM
13632 DOWLING LN
ODESSA, FL 33556 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: MGRM () Delete
Name: LEWIS, TOM
Address: 3168 MERCER UNIVERSITY DR, SUITE 100
City-St-Zip: CHAMBLEE, GA 30341

Title: MGRM () Delete
Name: CRIPPEN & LAWRENCE I, NVESTMENT
Address: 3168 MERCER UNIVERSITY DR, SUITE 100
City-St-Zip: CHAMBLEE, GA 30341

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DORA BOYD

ACCT

03/29/2006

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