

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000000513

1. Entity Name
VIRGDC INTERPRISE LLC



FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90209 034 ****50.00

Principal Place of Business
**499 CINNAMON DR.
SATELLITE BEACH, FL 32937**

Mailing Address
**499 CINNAMON DR.
SATELLITE BEACH, FL 32937**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

Applied For
Not Applicable

84-1634149

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

**COMBS, CLYDE JR.
499 CINNAMON DR.
SATELLITE BEACH, FL 32937**

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, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGRM
NAME COMBS, CLYDE JR. Delete
STREET ADDRESS 499 CINNAMON DR.
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME COMBS, GARY DONALD Delete
STREET ADDRESS P.O. BOX 917411
CITY-ST-ZIP LONGWOOD, FL 32791

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

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NAME Change Addition
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NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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: *Clyde Combs*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/9/04
Date

321-724-7419
Daytime Phone #