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May 20, 2005 8:00 am
Secretary of State

04-27-2005 90040 031 ****50.00

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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000011325

1. Entity Name
VITA INVESTORS, LLC

Principal Place of Business	Mailing Address
~~1541 BRICKELL AVENUE, UNIT~~ 3202 ~~MIAMI, FL 33129~~	~~1541 BRICKELL AVENUE, UNIT 3202 MIAMI, FL 33129~~

03282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2142 Alton Road	2142 Alton Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Bch, FLORIDA	City & State: Miami Beach, FL
Zip: 33140 Country: USA	Zip: 33140 Country: USA

4. FEI Number — Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

ASSARI, FARHAD
~~1541 BRICKELL AVENUE, UNIT 3202~~
~~MIAMI, FL 33129~~

7. Name and Address of New Registered Agent

Name: Farhad, Assari
Street Address (P.O. Box Number is Not Acceptable): 2142 Alton Road
City: Miami Beach FL Zip Code: 33140

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MALEKZANDI, BARRY 7918 BURDETTE ROAD BETHESDA, MD 20817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ASSARI, FARHAD ~~1541 BRICKELL AVENUE, UNIT 3202~~ ~~MIAMI, FL 33129~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2142 Alton Road Miami Beach, FL 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / 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 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: [signature] 305-379-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #