2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 06, 2008 08:00 AM Secretary of State DOCUMENT # L04000020259 1. Entity Name VRC, LLC-Principal Place of Business Mailing Address 3980 EXCHANGE AVE 3980 EXCHANGE AVE NAPLES, FL 34104 NAPLES, FL 34104 01072008No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2824617 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KINDELAN, ROBERT DO NOT WRITE 3980 EXCHANGE AVE NAPLES, FL 34104 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE KINDELAN, ROBERTO B JR NAME 3980 EXCHANGE AVENUE STREET ADORESS CITY-ST-ZIP NAPLES, FL 34104 U00000081780S 02/15/08-80018-011 138.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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: SIGNATURE .

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP