

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030980

Entity Name: 1213 VP, L.L.C.

FILED  
Jun 06, 2007  
Secretary of State

**Current Principal Place of Business:**

2700 GLADES CIRCLE  
SUITE 111  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

2700 GLADES CIRCLE  
SUITE 111  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 20-1084544      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NATHAN, RANDY J ESQ.  
7805 SW 6TH COURT  
PLANTATION, FL 33324      US

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: FERREIRA, EDUARDO  
Address: 2700 GLADES CIRCLE SUITE 111  
City-St-Zip: WESTON, FL 33327

Title: MGRM      ( ) Delete  
Name: GARRIDO, LUIS  
Address: 2700 GLADES CIRCLE SUITE 111  
City-St-Zip: WESTON, FL 33327

**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 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: GARRIDO LUIS

MGRM

06/06/2007

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