

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034914

Entity Name: VGA PROPERTIES, L.L.C.

FILED
Jan 17, 2007
Secretary of State

Current Principal Place of Business:

C/O VINCENT SOLARINO
53 SKIMMER LANE
PORT MONMOUTH, NJ 07758

New Principal Place of Business:

Current Mailing Address:

C/O VINCENT SOLARINO
53 SKIMMER LANE
PORT MONMOUTH, NJ 07758

New Mailing Address:

FEI Number: 20-1186841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C.T. CORPORATION SYSTEM
C/O CT. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MR. () Delete
Name: SOLARINO, VINCENT J MEMBER
Address: 53 SKIMMER LANE
City-St-Zip: PORT MONMOUTH, NJ 07758

Title: MR. () Delete
Name: SIGNORE, GREGORY P MEMBER
Address: 103 MONTCLAIR ROAD NORTH
City-St-Zip: BARNEGAT, NJ 08005

Title: MR. () Delete
Name: KADI, ARPAD A MEMBER
Address: 32 SOUTHFIELD ROAD
City-St-Zip: EDISON, NJ 08820

ADDITIONS/CHANGES:

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

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: ARPAD A. KADI

MBR

01/17/2007

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