2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035210

DELRAY BEACH, FL 33446

City-St-Zip:

Entity Name: 20 VPC REALTY LLC

FILED Apr 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 15588 GLENCREST AVE. DELRAY BEACH, FL 33446 **Current Mailing Address: New Mailing Address:** 15588 GLENCREST AVE DELRAY BEACH, FL 33446 FEI Number: 20-1108144 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRIECO, ANGELA GRIECO, ANGELA 2901 CLINT MOORE ROAD 15588 GLENCREST AVENUE **PMB 114** DELRAY BEACH, FL 33446 US BOCA RATON, FL 33496 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: 04/03/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GRIECO, ANGELA Name: Name: 15588 GLENCREST AVE. Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GRIECO, ANGELA Name: Name: Address: 15588 GLENCREST AVE. Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GRIECO, ANGELA Name: Name: Address: 15588 GLENCREST AVE. Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: GRIECO, ANGELA Name: Address: 15588 GLENCREST AVE. Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GRIECO, ANGELA Name: Name: 15588 GLENCREST AVE. Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition GRIECO, ANGELA Name: Name: Address: 15588 GLENCREST AVE. Address:

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.

City-St-Zip:

SIGNATURE: ANGELA GRIECO MGRM 04/03/2008