

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046756

**FILED**  
**Mar 21, 2007**  
**Secretary of State**

**Entity Name:** VIVIAN VOLKER, P.L.

**Current Principal Place of Business:**

3501 NE 10TH AVENUE  
SUITE 103  
OCALA, FL 34470 US

**New Principal Place of Business:**

3501 NE 10TH AVENUE  
OCALA, FL 34470 US

**Current Mailing Address:**

5690 SW 36TH AVENUE  
OCALA, FL 34474 US

**New Mailing Address:**

P.O. BOX 416506  
MIAMI BEACH, FL 33141 US

FEI Number: 20-1280729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VOLKER, VIVIAN  
5690 SW 36TH AVENUE  
OCALA, FL 34474 US

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

VOLKER, VIVIAN  
3501 NE 10TH AVENUE  
OCALA, FL 34470 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:

03/21/2007

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VOLKER, VIVIAN  
Address: 5690 SW 36TH AVENUE  
City-St-Zip: Ocala, FL 34474 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VOLKER, VIVIAN  
Address: P.O. BOX 416506  
City-St-Zip: MIAMI BEACH, FL 33141 US

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: VIVIAN VOLKER

MGRM

03/21/2007

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