

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046756

FILED  
May 01, 2008  
Secretary of State

Entity Name: VIVIAN VOLKER, P.L.

## Current Principal Place of Business:

3501 NE 10TH AVENUE  
OCALA, FL 34470 US

## New Principal Place of Business:

4044 W LAKE MARY BLVD.  
#104-405  
LAKE MARY, FL 32746 US

## Current Mailing Address:

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

## New Mailing Address:

4044 W LAKE MARY BLVD.  
#104-405  
LAKE MARY, FL 32746 US

FEI Number: 20-1280729      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:

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

## Name and Address of New Registered Agent:

VOLKER, VIVIAN  
4044 W LAKE MARY BLVD  
#104-405  
LAKE MARY, FL 32746 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:

05/01/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: VOLKER, VIVIAN  
Address: 4044 W LAKE MARY BLVD #104-405  
City-St-Zip: LAKE MARY, FL 32746 US

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: VIVIAN VOLKER

MGRM

05/01/2008

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