

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056397

Entity Name: VTM ONESTOP, LLC

FILED  
Jul 31, 2006  
Secretary of State

**Current Principal Place of Business:**

5710 BELLA ROSE BLVD.  
SUITE 200  
CLARKSTON, MI 48348

**New Principal Place of Business:**

1633 ROYAL BIRKDALE DRIVE  
OXFORD, MI 48371

**Current Mailing Address:**

5710 BELLA ROSE BLVD.  
SUITE 200  
CLARKSTON, MI 48348

**New Mailing Address:**

1633 ROYAL BIRKDALE DRIVE  
OXFORD, MI 48371

FEI Number: 27-0098686      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:**

COMPLIANCE CONSULTING CORPORATION OF FLORIDA  
DA 521 LAKE AVENUE, SUITE 4  
LAKE WORTH, FL 33460 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: PATTEN, DAVID L  
Address: 1605 ROYAL BIRKDALE DRIVE  
City-St-Zip: OXFORD, MI 48371

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PATTEN, DAVID L  
Address: 1633 ROYAL BIRKDALE DRIVE  
City-St-Zip: OXFORD, MI 48371

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: DAVID L. PATTEN

PRES

07/31/2006

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