FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 18 AM 9:14

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000058455

1. Entity Name
VINOY 1938 MANAGEMENT, LLC

Principal Place of Business	Mailing Address
13310 NORTH 56TH STREET TEMPLE TERRACE, FL 33617	13310 NORTH 56TH STREET TEMPLE TERRACE, FL 33617

05102005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3421 N. Lakeview Dr.	3421 N. Lakeview Dr.
Suite, Apt. #, etc.: Suite 168	Suite, Apt. #, etc.: Suite 168
City & State: Tampa FL	City & State: Tampa
Zip: 33618 Country:	Zip: 33618 Country: U.S.A.

4. FEI Number: 20132 7317 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEN, CHIA LING
13310 NORTH 56TH STREET
TEMPLE TERRACE, FL 33617

7. Name and Address of New Registered Agent

Name: Chia Ling- Chen
Street Address (P.O. Box Number is Not Acceptable): 3421 N. Lakeview Dr.
City: Tampa FL Zip Code: 33618

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] May/30/05
DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(managing member) Chia Ling, Chen 3421 N. Lakeview Dr. Tampa, FL 33618 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	07/11/05-90044-043-$50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2005 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] May/30/05 813-265-3955
Signature, typed or printed name of signing managing member, manager, or authorized representative / Date / Daytime Phone #