


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90432 008 \*\*\*\*50.00

**DOCUMENT # L04000065328**

1. Entity Name  
 VLUNA, LLC



Principal Place of Business  
 2763 OAKBROOK DR.  
 FORT LAUDERDALE, FL 33332

Mailing Address  
 2763 OAKBROOK DR.  
 FORT LAUDERDALE, FL 33332



2. Principal Place of Business  
 649 U.S. HIGHWAY 1  
 Suite, Apt. #, etc.  
 # 3

3. Mailing Address  
 649 U.S. HIGHWAY 1  
 Suite, Apt. #, etc.  
 # 3

03292005 Chg-LLC CR2E083 (10/03)

City & State  
 NORTH PALM BEACH, FL

City & State  
 NORTH PALM BEACH, FL

Zip  
 33408

Country  
 PALM BEACH

Zip  
 33409

Country  
 PALM BEACH

4. FEI Number  
 75-3166041

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SAHS, DOUGLAS A.  
 2763 OAKBROOK DR.  
 FORT LAUDERDALE, FL 33332

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 Douglas A Saha DOUGLAS A SAHS APR 2, 2005  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$50.00 Due by May 1, 2005**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Douglas A Saha DOUGLAS A. SAHS APR 2, 2005 954 599 6298  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #