


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90191 050 \*\*\*\*55.00


<b>DOCUMENT # L04000072340</b>	
1. Entity Name <b>VIALE TECHNOLOGIES LLC</b>	

Principal Place of Business <b>5105 BIRCH AVENUE SARASOTA, FL 34233</b>	Mailing Address <b>5105 BIRCH AVENUE SARASOTA, FL 34233</b>
<b>20902 Lake Talia Blvd</b>	<b>20902 Lake Talia Blvd</b>

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Land O Lakes FL</b>	City & State <b>Land O Lakes, FL</b>
Zip <b>34638</b>	Zip <b>34638</b>
Country <b>US</b>	Country <b>US</b>

**20007523**



02072006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-1725288</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		
SANKOE, VINCENT V 5105 BIRCH AVENUE SARASOTA, FL 34233		
7. Name and Address of New Registered Agent		
Name <b>Sankoe, Vincent V</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>20902 Lake Talia Blvd</b>		
City <b>Land O Lakes FL</b> Zip Code <b>34638</b>		

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 *Vincent V Sankoe* DATE Feb 7, 2006

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee Is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANKOE, VINCENT V 5105 BIRCH AVENUE SARASOTA, FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANKOE, VINCENT 20902 LAKE TALIA BLVD Land O Lakes, FL 34638 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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 exemptions contained in Chapter 119, 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: *Vincent V Sankoe* DATE Feb 7, 2006 DAYTIME PHONE # 941-234-3773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE